

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003692

Entity Name: CMS NY LLC

**FILED**  
**Jul 31, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

626 NORTH FRENCH ROAD  
SUITE 3  
AMHERST, NY 14228

## **New Principal Place of Business:**

1412 SWEETHOME RD  
SUITE 12  
AMHERST, NY 14228

## **Current Mailing Address:**

626 NORTH FRENCH ROAD  
SUITE 3  
AMHERST, NY 14228

## **New Mailing Address:**

1412 SWEETHOME RD  
SUITE 12  
AMHERST, NY 14228

FEI Number: 27-4134230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BULL, DOUGLAS  
Address: 1412 SWEETHOME RD STE 12  
City-St-Zip: AMHERST, NY 14228

Title: MGR  
Name: BUZAK, JASON  
Address: 1412 SWEETHOME RD STE 12  
City-St-Zip: AMHERST, NY 14228

Title: MGR  
Name: THOMPSON, JOSEPH  
Address: 1412 SWEETHOME RD STE 12  
City-St-Zip: AMHERST, NY 14228

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUG BULL

MGR

07/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date