

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000015935

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** LMS CONTROLLER SOLUTIONS, INC.

**Current Principal Place of Business:**

521 NORTH TAMPA AVENUE  
ORLANDO, FL 32805

**New Principal Place of Business:**

7100 SUNSHINE SKYWAY LANE  
#301  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

521 NORTH TAMPA AVENUE  
ORLANDO, FL 32805

**New Mailing Address:**

7100 SUNSHINE SKYWAY LANE  
#301  
ST PETERSBURG, FL 33711

**FEI Number:** 27-1965245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUAREZ, LIVETT M  
521 NORTH TAMPA AVENUE  
ORLANDO, FL 32805 US

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

SUAREZ, LIVETT M  
7100 SUNSHINE SKYWAY LANE  
#301  
ST PETERSBURG, FL 33711 US

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: LIVETT SUAREZ

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUAREZ, LIVETT M  
Address: 7100 SUNSHINE SKYWAY LANE #301  
City-St-Zip: ST PETERSBURG, FL 33711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIVETT SUAREZ

P

03/17/2011

Electronic Signature of Signing Officer or Director

Date