## Q08000000078

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
SEP <b>17</b> 2008
EXAMINER

Office Use Only



300134947343

09/11/08--01011--021 \*\*43.75

2008 SEP 16 A 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LMS DEVEL	ame of Alien Business Organization)	<del>ing A</del> <del>22</del> 04 ates
Dear Sir or Madam:		
The enclosed Designation of Registered are submitted for filing.	Agent and Registered Office for Alien Bus	iness Organization and fee(s)
Please return all correspondence concer	ning this matter to the following:	
STEVEN B. STRONG		
(Name of Person)		
STRONG ASSOCIATE	<b>85</b>	700 ST SECR TALLA
14 Momrow Ct. (Address)		FILED  1000 SEP 16 A 10- 20  SECRETARY OF STATE SECRETARY OF STATE
		A 10: 2
MENANDS NY 12-7 (City/State and Zip Coo	le)	<b>D</b> m 0
For further information concerning this	matter, please call:	
STEUE STRONG (Name of Person)	at ( 518 ) 533 · 9854 (Area Code & Daytime Telephone Nur	mber)
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	smount:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Cer	rtified Copy

## . 'DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA: LMS DEVELOPMENT Cor p.

(Name of alien business organization) New Y 1833188 (State or country under which entity is organized) (FEI Number, if applicable) momrow Ct. 12204 5. Name and Florida Street address of registered agent. 6. The street address of the registered office and the street address of the business office of the registered agent are identical. of chairman, vice chairman, or officer) Þ (Name and capacity of person signing in number 7 above) 9. Signature of registered agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## **FILING FEE \$35**

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314