

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061661

**Entity Name:** BMS OF CENTRAL FL. L.L.C.

**Current Principal Place of Business:**

6785 NARCOOSSEE ROAD  
STE. 237  
ORLANDO, FL 32822

**Current Mailing Address:**

6785 NARCOOSSEE ROAD  
STE. 237  
ORLANDO, FL 32822 US

**FEI Number:** 20-3063047

**Certificate of Status Desired:** No

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

BAXTER, GARY  
6785 NARCOOSSEE ROAD  
STE. 237  
ORLANDO, FL 32822 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MGRM                 | Title           | MGRM                 |
| Name            | BAXTER, GARY         | Name            | BAXTER, SANDRA       |
| Address         | 4807 LAKES EDGE LANE | Address         | 4807 LAKES EDGE LANE |
| City-State-Zip: | KISSIMMEE FL 34744   | City-State-Zip: | KISSIMMEE FL 34744   |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA BAXTER

**MEMBER MANAGER**

**01/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date