## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000032293

Entity Name: TMS PLUS LLC

**Current Principal Place of Business:** 

1300 BALLENTYNE PL APOPKA, FL 32703

**Current Mailing Address:** 

1300 BALLENTYNE PL APOPKA, FL 32703

FEI Number: 45-4719808 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN, PHUOC 1300 BALLENTYNE PL APOPKA, FL 32703 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

Date

**FILED** Feb 17, 2015

**Secretary of State** 

CC0748900889

## Authorized Person(s) Detail:

Title MGR

Name VAN, PHUOC

Address 1300 BALLENTYNE PL City-State-Zip: APOPKA FL 32703

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.

02/17/2015 SIGNATURE: PHUOC VAN **MANGER**