

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136095

**Entity Name:** BMS CAPITAL LLC

**Current Principal Place of Business:**

3121 W HALLANDALE BEACH BLVD  
SUITE 102  
HALLANDALE, FL 33009

**Current Mailing Address:**

P.O. BOX 820  
HALLANDALE, FL 33008 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KANNER, YOSEF Y  
3121 W HALLANDALE BEACH BLVD  
SUITE 102  
HALLANDALE, FL 33009 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  
Name LIKER, JOSEF  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name DRANGER, MOSHE  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name FOGEL, BENJAMIN  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGR  
Name FLORIDA STATE TRUST  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOSEF Y KANNER

**RA**

**04/25/2013**

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

\_\_\_\_\_  
Date