

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000041352

**Entity Name:** CMS FLORIDA LAND, LLC

**Current Principal Place of Business:**

2040 KING AIR COURT  
PORT ORANGE, FL 32128

**Current Mailing Address:**

1648 TAYLOR ROAD  
#478  
PORT ORANGE, FL 32128

**FEI Number:** 46-2891601

**Certificate of Status Desired:** No

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

MELVIN, GARY W  
1648 TAYLOR ROAD  
#478  
PORT ORANGE, FL 32128 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 MELVIN, GARY  
Address 1648 TAYLOR ROAD #478  
City-State-Zip: PORT ORANGE FL 32128

Title MGRM  
Name COOK, ROBERT B  
Address 1102 COUNTRY LANE  
City-State-Zip: CHAMPAIGN IL 61821

Title MGRM  
Name SWITS, GARY D  
Address 424 CR 1500E  
City-State-Zip: GAYS IL 61928

*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:** GARY MELVIN

**MANAGING MEMBER**

**02/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date