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SIGN Filed with authorized/valid electronic signature. 09/10/2018 SMIR AMIN	HERE		-	Date		ual sianina	as plan administrator		
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017)	HERE Sig				Enter name of individ	ual signing			

lotice, see Pape

v.170203

	Were all of the plan's assets during the plan year invested in eligib		· ,					X Yes No
b	Are you claiming a waiver of the annual examination and report of a				•	,		X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							
								_ 、 _ 、
	rt III Financial Information				<u> </u>			
	Plan Assets and Liabilities	_	(a) Beginning				(b) En	d of Year
	Total plan assets	7a	2	01576				0
	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c		01576				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ht			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		-1378	-1378			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-1378		
-	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	1	99362	362			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	0			
f	Administrative service providers (salaries, fees, commissions)	8f		836	836			
g	Other expenses	8g		0	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						200198
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-201576		
j	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2T 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	des from the List of Pla	n Chara	acterist	tic Cod	es in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х		
b	Were there any nonexempt transactions with any party-in-interest			IVa		~		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
			- h		1			

d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	х		436
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3				

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Page 3- 1

Part	VI Pen	sion Funding Compliance				
11		fined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche D) and line 11a below)	edule S	ŝВ	י 🗌	res 🗙 No
11a	Enter the	Inpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	efined contribution plan subject to the minimum funding requirements of section 412 of the Code or section complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f	י []	∕es Ⅹ No
a		of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e waiver			f the lette _ Year _	r ruling
lf y	ou comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the m	inimum required contribution for this plan year	12b			
С	Enter the a	nount contributed by the employer to the plan for this plan year	12c			
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	12d			
е	Will the mi	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plar	Terminations and Transfers of Assets				
13a	Has a reso	ution to terminate the plan been adopted in any plan year?		X Yes	N	0
	lf "Yes," ei	ter the amount of any plan assets that reverted to the employer this year	13a			C
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?			Yes	No
С	, 0	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ats or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name	e of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)

Form 5500-SF	Short Form Annual				of Small Employ	yee		OMB Nos. 1210-0110 1210-0089			
umphisteric of the Treasury Internal Revenue Service		Benef			and 1005 of the Employ			20178			
Dogas fræm er i stran Employes Romalis Security Administration	This form is required to be Retirement Income Security A the Int	filed under c1 of 1974 i iemal Reve	ERISA)	, and	section 6057(b) and 605	8(a) of	This Form	is Open to Public			
Pension Bervilli Guaranty Corporation	► Complete all entries in acc	cordance v	rith the	instr	uctions to the Form 550	0-SF.					
and the second secon	dentification Information						0 /08 /0018				
or calendar plan year 2017 or fisc	n an		/01/20	<u>.</u>	and ending		2/28/2018	ov must attach			
 This return/report to for 	x single-employer plan	a foreig	particip	ю у өг ating	plan (not multiemployer) employer information in i	(rners (rners	ance with the fo	im instructions.)			
3 This return/report is:	the first rotum/report an amended retum/report	120	l return/ plan ver	,	t um/report (less than 12 n	ronths)				
l		()			analopoir (ioaa man inci		p				
Check box if filing under:	Form 5558 special extension (enter descrip	لاستا	tic exter	nsion			DFVC progra	im			
Part II Basic Plan Infor	mation enter all requested in	formation						······································			
a Name of plan ZMS1 LLC 401(k) Plan						1b	Three-digit plan number (PN) ►	001			
						1c	Effective date of 01/01/2014	f plan			
Mailing Address finduris room	er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)				2b	Employer ident (EIN) 45-08	ification Number 41829			
City or town, state or province, SMS1 LLC	country, and ZIP or foreign posts	i code (if fo	ខេរព្វភ, ទ	ee Int	structions)	2c Sponsor's telephone number (321) 240-5495					
P.O. Box 702254						2d	2d Business code (see instructions) 446110				
08 Saint Cloud FL 34770											
	address X Same as Plan Spor	isor				3b	Administrator's	EIN			
						3c	Administrator's	telephone number			
If the name and/or EIN of the p	lan sponsor of the plan name has	changed s	ince the	last	return/report filed for	4b	EIN				
this plan, enter the plan sponse a Sponsor's name c Plan Name	or's name, EIN, the plan name and	d the plan r	iumber 1	rom 1	ne last returivreport.	4d	PN				
				<u>.</u>	<u></u>	5a		13			
a Total number of participants at	the beginning of the plan year	*****************	**************		***	5t		0			
 Total number of participants at Number of participants with acc 	count balances as of the end of th	e plan year	(only de	elinec	I contribution plans	50		0			
complete this item)	*****		******		₩₽₹₽₽₽₽₩₩₽₩₽₩₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	 		5			
i(1) Total number of active particl		уе вг	*****	******	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	5d(
i(2) Total number of active particle	pants at the end of the pian year ninated employment during the pl	in vear wit			nefits that were	5d(2)	Q			
loss than 100% vested	L@C&LBIBIBIT # ##############################		********	******		50		0			
Caution: A penalty for the late or	incomplete filing of this return/	report will	be asse	558 8(l unless reasonablo ca	use is	established.				
Inder penalties of perjury and other SB or Schedule MB completed and sellef, it is true, correct, and completed	signed by an enrolled actuary, as	ions, I decli well as the	are that electro	l hav nic ve	e examined this return/re arsion of this return/repoi	iport, il 1, and	ncluding, if applied to the best of m	icable, a Schedule ly knowledge and			
	w	a	INT	R	Samir Amin						
HERE Signature of plan admini	strator	Date	12/1	¥	Enter name of individua	i slani	ng as plan adm	nistrator			
	IN IN	<u>a</u>	INT	r	Samir Amin						
SIGN JANNA HERE Signature of employer/pl	an sponsor	Date	11		Enter name of individua	I signi	ng as employer	or plan sponsor			
For Paperwork Reduction Act No	and the second	rm 5500-SI						orm 5500-SF (2017)			
								v.170203			

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Form 5500-SF 2017	Page 2
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Ja	Were all of the plan's assets during the plan year invostod in eligible assets? (See Instructions.)	X Yes 🗍	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	XYes []	No
с	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes \[No	Not detarn	ninec
		See instruction	

	201,576	0
	0	0
	201,576	0
-	(a) Amount	(b) Total
8a(1)	0	
Ba(2)	0	
	0	
	(1,378)	
, 8c		(1,378)
8d	199,362	
80	0	
8f	836	
8g	0	
		200,198
Bi		(201,576)
	0	
feature cod	es from the List of Plan Characteristic	Codes in the instructions:
aatura coda	s from the List of Plan Characteristic (Codes in the instructions:
	7c 88(1) 82(2) 83(3) 85 86 86 86 86 86 86 86 86 86 86 86 86 86 86 87 88 88 88 88 88 81 81 81 81 81 81 81 81 81 81 81 82 83 84 85 86 81 82 83 84 85 86 81 82 83 84 84 <tr< td=""><td>7c 201,576 (a) Amount (a) Amount </td></tr<>	7c 201,576 (a) Amount (a) Amount

10	During the plan year:		Yos	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		x		
С	Was the plan covered by a fidelity bond?	10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by insud or dishonesty?	10d		x		
0	Were any fees or commissions paid to any brokers, agenta, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x			436
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	10g		х	82	
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CPR 2520.101-3.)	10h		x		
1	If 10h was answered "Yes," check the box if you either provided the required holice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10)				

Form 5500-SF 2017	1		19 mar 19 mar - 19 mar 19 mar
Part VI Pension Funding Complianco 11 Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions and (Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a Enter the unpaid minimum required contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If 'Yes,' complete fine 12a or fines 12b, 12c, 12d, and 12e bekow, as applicable.) (If 'Yes,' complete fine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 11 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line N 12 Enter the minimum required contribution for this plan year. M 13 You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line N 14 you completed line 12a, complete lines 3, 9, and 10 of Sched	a 13. a 13. a 14. b left of a 12	302 of anter the Day b c	date of the letter ruling Year
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Wore all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC? c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or isolities were transferred. (See Instructions.) 13c(1) Name of plan(s):	ught under the	<u></u>	0

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