

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003623

FILED
Mar 05, 2008
Secretary of State

Entity Name: SMH GROUP, LLC

Current Principal Place of Business:

8 MOODY ST
AMESBURY, MA 01913

New Principal Place of Business:

Current Mailing Address:

8 MOODY ST
AMESBURY, MA 01913

New Mailing Address:

FEI Number: 38-3682249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEEVES, SCOTT JR
1780 GULF BLVD.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEEVES, SCOTT JR
Address: 4 LEARY LANE
City-St-Zip: MIDDLETON, MA 01949

Title: MGRM () Delete
Name: STEEVES, ERIC
Address: 4 BROOK AVENUE
City-St-Zip: NEWBURYPORT, MA 01951

Title: MGRM () Delete
Name: MORELAND, JOHN
Address: 14449 MANDOZIN DR,
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: HARASKE, DAVE
Address: 8 MOODY ST
City-St-Zip: AMESBURY, MA 01913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DAVE HARASKE

MGRM

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date