

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90079 040 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000004208

1. Entity Name
SMART BINARY, LLC



Principal Place of Business
**1133 BAL HARBOR BLVD.
SUITE #1139-325
PUNTA GORDA, FL 33950**

Mailing Address
**142 ACALYPHA CT.
PUNTA GORDA, FL 33955**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
90-0137440

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637**

Name **Incorp Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

17888 67th Court North

City **Loxahatchee**

FL

Zip Code **33470**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Janah Helton on behalf of Incorp Services, Inc. 2/14/08

FILE NOW!!! (FEE IS \$138.75)
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMART, JERRY T
142 ACALYPHA CT.
PUNTA GORDA, FL 33955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMART, SUSAN E
142 ACALYPHA CT.
PUNTA GORDA, FL 33955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMART, JERRY L
419 CRUISERS DRIVE
POLK CITY, FL 33868** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMART, BARBARA Q
419 CRUISERS DRIVE
POLK CITY, FL 33868** ☒ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Jack Smart

2/17/2008

941.347.4135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #