

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054263

**Entity Name:** S.M.O.F., LLC

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY, SUITE 109  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9040 TOWN CENTER PARKWAY, SUITE109  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 26-2729430

**Certificate of Status Desired:** No

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

PEEBLES & MORIARTY, P.A.  
11113RD AVE WEST  
SUITE 210  
BRADENTON, FL 34205 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 MGR  
Name ROBERT O'HEARN, LLC  
Address 802 REGENCY RESERVE CIRCLE,  
UNIT 1001  
City-State-Zip: NAPLES FL 34110

*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:** ROBERT O'HEARN

MGR

02/25/2015

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

\_\_\_\_\_ Date