

2014 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.
1111 3RD 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: LINDA FENTON _____

OFFICE MANAGER

02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date