

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000070524

Entity Name: SMMA, LLC

Current Principal Place of Business:

6410 SW 62 CT
MIAMI, FL 33143

Current Mailing Address:

6410 SW 62 CT
MIAMI, FL 33143 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, JEFF
6410 SW 62 CT
MIAMI, FL, FL 33143 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 MGRM
Name WADE, CHIKAKO
Address 6410 SW 62 CT
City-State-Zip: MIAMI FL 33143

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: CHIKAKO WADE

MGRM

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date