

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066984

**Entity Name:** SMART LAB LLC**Current Principal Place of Business:**10385 IRONWOOD RD SUITE 130  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**10385 IRONWOOD RD SUITE 130  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 46-5502455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAYNE, JUSTIN  
10385 IRONWOOD RD SUITE 130  
PALM BEACH GARDENS, FL 33410 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	AMBR
Name	WAYNE, H. HAMILTON
Address	4362 NORTHLAKE BOULEVARD, SUITE 202
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AMBR
Name	WAYNE, JUSTIN M
Address	4362 NORTHLAKE BOULEVARD, SUITE 202
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AMBR
Name	WAYNE, ETHAN M
Address	4362 NORTHLAKE BOULEVARD, SUITE 202
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AMBR
Name	PRA 2014 TRUST
Address	5716 WHIRLAWAY RD
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	AMBR
Name	RML 2014 TRUST
Address	3500 SW CENTER CT
City-State-Zip:	PALM CITY FL 34990

*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:** JUSTIN WAYNE**MANAGER****02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date