

2016 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:**4243 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 46-5502455**Certificate of Status Desired:** Yes**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, ETHAN M
Address 4243 NORTHLAKE BOULEVARD
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title AMBR
Name WAYNE, JUSTIN M
Address 4243 NORTHLAKE BOULEVARD
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

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 M WAYNE**CHIEF OPERATING
OFFICER**

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date