

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000033898

**Entity Name:** SMART MAICO, LLC

**Current Principal Place of Business:**

6965 PIAZZA GRANDE  
UNIT 206  
ORLANDO, FL 32835

**Current Mailing Address:**

6965 PIAZZA GRANDE  
UNIT 206  
ORLANDO, FL 32835 US

**FEI Number:** 61-1781500

**Certificate of Status Desired:** No

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

DOMINIUM CONSULTING SERVICES, LLC  
6965 PIAZZA GRANDE AVE  
SUITE 206  
ORLANDO, FL 32835 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 DE NIEMEYER, HELOISA  
Address 8264 MARITIME FLAG ST. UNIT 1425  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name DE NIEMEYER SILVA, FERNANDA  
Address 8264 MARITIME FLAG ST. UNIT 1425  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name DA SILVA, MARCIO  
Address AV. NIEMEYER, 722  
City-State-Zip: SAO CONRADO RJ 22450--221

Title AMBR  
Name DE NIEMEYER SILVA, CAROLINA  
Address 8264 MARITIME FLAG ST. UNIT 1425  
City-State-Zip: WINDERMERE FL 34786

*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:** HELOISA DE NIEMEYER

AMBR

02/07/2017

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

\_\_\_\_\_  
Date