

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000202908

Entity Name: SMS BONAFIDE LLC**Current Principal Place of Business:**572 NW 23ST
MIAMI, FL 33127**Current Mailing Address:**572 NW 23ST
MIAMI, FL 33127**FEI Number:** 81-5150504**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INVOKE LLC
572 NW 23ST
MIAMI, FL 33127 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:** CATALINA JIMENEZ

01/30/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JIMENEZ, CATALINA
Address 572 NW 23ST
City-State-Zip: MIAMI FL 33127

Title AMBR
Name ABBEY, JOHN
Address 572 NW 23ST
City-State-Zip: MIAMI FL 33127

Title MGR
Name JIMENEZ, CATALINA
Address 572 NW 23RD ST
City-State-Zip: MIAMI FL 33127

Title MGR
Name ABBEY, JOHN
Address 572 NW 23RD ST
City-State-Zip: MIAMI FL 33127

Title AUTHORIZED MEMBER
Name OBRIEN, DAVID
Address 147 BAYHILL DR
City-State-Zip: ADVANCE NC 27006

Title AUTHORIZED MEMBER
Name SMURFIT, ALAN
Address 19565 NE 37 AV
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name OBRIEN, DAVID
Address 147 BAYHILL DR
City-State-Zip: ADVANCE FL 27006

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: CATALINA JIMENEZ

MANAGER

01/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date