2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # L0000002792 1. Entity Name MILES OF SMILES SHOWS, LLC Principal Place of Business Mailing Address 4310 SHERIDAN STREET SUITE 202 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc Suite, Apt #, etc 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 65-0985626 Not Applicat Ζip Country Country Ζip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKNIGHT, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD FL 33021 City Zip Code 8. 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. Lam familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature typed to printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Adi ☐ Delete ilite Change inu e NAME MCKNIGHT, ROBERT E NAME U00000315908 4310 SHERIDAN STREET SUITE 202 STREET ADDRESS STREET ADDRESS 04/19/05-80049-019 50.00 Cit - ST- ZIP HOLLYWOOD FL 33021 CHY-Si-74 Delete tot(€ Change Air NAM: MAME STREET ALIDIO SS STREET AGGRESS CITY-ST ZIF CITY-ST-70F THEF ☐ Delete Info F Change NAME NAME STREET ADDRESS STREET ADDRESS UEr 51-78 City-Si-7iP ☐ Change PPE Delete Title NAME MAME STREET ADDRESS STREET ADDRESS City - St - Zir Offices Die ☐ Ar TITLE Delete DIF T Change NAM\* MARA STREET ADDRESS STREET ADDRESS 011 ST 716 COST ST 2H $\square$ $\land$ : WH? Delete filtif ☐ Change MAIN NAME STREET ADDRESS STELLET AUCHES OLY-St-Ja CITY ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my 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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daysimo Phone :