

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004392

FILED
Apr 13, 2009
Secretary of State

Entity Name: SMADA CONSULTANTS, LLC

Current Principal Place of Business:

378 CENTERPOINTE CIRCLE
SUITE 1272
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

478 E ALTAMONTE DRIVE
SUITE 108, PMB 600
ALTAMONTE SPRINGS, FL 327014622

New Mailing Address:

FEI Number: 59-3719027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHONG, STEPHEN C
234 N WESTMONTE DR
SUITE 3000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, WAYNE
Address: 11224 CYPRESS TRAIL DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: ADAMS, ALFRICO
Address: 12745 LEXINGTON SUMMITT STREET
City-St-Zip: ORLANDO,FLORIDA, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WAYNE ADAMS

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date