

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000006202

1. Entity Name
SMART CITATION MANAGEMENT, L.L.C.



Principal Place of Business
**270 N PALAFOX ST
PENSACOLA, FL 32502**

Mailing Address
**270 N PALAFOX ST
PENSACOLA, FL 32502**



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724163

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PANYKO, JOHN A
323 E ROMANA ST
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000622694
02/13/07-80036-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	STEPHENSON, GEORGE K
STREET ADDRESS	310 PLANTATION HILL RD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	S
NAME	STEPHENSON, WAYNE K
STREET ADDRESS	25 EAST WRIGHT STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VP
NAME	LINCKE, SHANE K
STREET ADDRESS	25 W CEDAR
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #