

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90035 045 \*\*\*\*50.00

**DOCUMENT # L01000018793**

1. Entity Name  
**SMITH, MATZA & KUTNER, LLC.**



Principal Place of Business  
**10095 N. KENDALL DRIVE  
SUITE 102  
MIAMI, FL 33176**

Mailing Address  
**10095 N. KENDALL DRIVE  
SUITE 102  
MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1154610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CLIFFORD A. KORNFIELD, ESQ., P.A.  
11400 SW 68 COURT  
MIAMI, FL 33156**

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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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, ERIC S MD
STREET ADDRESS	10095 N. KENDALL DRIVE, #102
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	MGRM
NAME	<del>MATZA, DALE J MD</del> <i>Discard</i>
STREET ADDRESS	<del>10095 N. KENDALL DRIVE, #102</del>
CITY-ST-ZIP	<del>MIAMI, FL 33176</del>
TITLE	MGRM
NAME	KUTNER, MARK E MD
STREET ADDRESS	10095 N. KENDALL DRIVE, #102
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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. 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 #

*Eric Smith*

*1/10/05*

*305 595 5455*