

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L02000004856

1. Entity Name
SMS LLC



Principal Place of Business
50 SOUTH US HIGHWAY 1, SUITE 204
JUPITER, FL 33477

Mailing Address
50 SOUTH US HIGHWAY 1, SUITE 204
JUPITER, FL 33477

2. Principal Place of Business, No P.O. Box #
70 Colony Rd.

3. Mailing Address
70 Colony Rd.

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33469

Country
USA

Zip
33469

Country
USA

6. Name and Address of Current Registered Agent

SEARSON, WAYNE J
70 COLONY RD
JUPITER, FL 33469

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE: *Kimberly Searson*

(NOTE: Registered Agent signature required when reinstating)

DATE: 11-10-08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANER, THOMAS U 399 W PALMETTO PARK RD STE 100 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137857415 11/12/08--01047--005 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEARSON, WAYNE J 70 COLONY RD JUPITER, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEARSON, KIMBERLY S 70 COLONY RD JUPITER, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly Searson*

11-10-08 561-389-4511