

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90073 049 ****55.00

DOCUMENT # L02000023037

1. Entity Name
SPECIALIST MARKETING AND RESOURCE GROUP, LLC



Principal Place of Business **447 Pine Ave.**
~~1459 RIDGE STREET STE 1~~
~~NAPLES, FL 34103~~
Naples FL 34108

Mailing Address
~~1459 RIDGE STREET STE 1~~
~~NAPLES, FL 34103~~
same

DO NOT WRITE IN THIS SPACE



07162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-1972986

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAKS, JOSEPH D ESQ.
850 PARK SHORE DRIVE STE 300
NAPLES, FL 34103

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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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CONTINO, TARA
STREET ADDRESS ~~1459 RIDGE STREET STE 1~~ **447 Pine Avenue**
CITY-ST-ZIP ~~NAPLES, FL 34103~~ **Naples FL 34108**

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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 #

1/1/04