

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028595

FILED
Jan 12, 2009
Secretary of State

Entity Name: SMART INTERIORS II, L.L.C.

Current Principal Place of Business:

97 GULF TO LAKE HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

97 W. GULF TO LAKE HWY
LECANTO, FL 34461

New Mailing Address:

FEI Number: 13-4218540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMART, DELORES L
7275 CRYSTAL SPRING RUN
SPRING HILL, FL 34607 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: SMART, DELORES L
Address: 7275 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: SMART, JOHN M
Address: 7275 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: BACKMAN, KIMBERLY
Address: 7271 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: BACKMAN, DEREK
Address: 7271 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: CAPOZZA, LAURI
Address: 7283 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: CAPOZZA, F. R.
Address: 7283 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: F.R. CAPOZZA

MGRM

01/12/2009

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