

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L03000026878**

1. Entity Name  
**SMYRNA L.L.C.**



Principal Place of Business  
**157 ST. CROIX AVENUE  
COCOA BEACH, FL 32931**

Mailing Address  
**157 ST. CROIX AVENUE  
COCOA BEACH, FL 32931**



02032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0192717**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**LEADER, ROBERT J  
157 ST. CROIX AVENUE  
COCOA BEACH, FL 32931**

**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**

U000000628061  
02/15/07-80086-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
LEADER, ROBERT J  
157 ST. CROIX AVENUE  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**AMGR  
LEADER, HENRY J  
107 E MAIN ST  
GOUVERNEUR, NY 13642**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:** *Robert J. Leader*

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

*Feb. 5, 2007*

Date

Daytime Phone #

*321 784-4082*