

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90032 006 ****50.00

DOCUMENT # L03000028391

1. Entity Name

SMART SUITES, L. L. C.



Principal Place of Business

Mailing Address

~~1536 DEERBOURNE DR.~~
~~WESLEY CHAPEL FL 33543~~

~~1536 DEERBOURNE DR.~~
~~WESLEY CHAPEL FL 33543~~

2. Principal Place of Business

14452 BRUCE B. Downs Blvd.
Suite, Apt. #, etc.

3. Mailing Address

14452 BRUCE B. Downs Blvd.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

65-1201180

Applied For

Not Applicable

Zip

33613

Country

Hills

Zip

33613

Country

Hills

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J ESQ
791 W. LUMSDEN RD.
BRANDON FL

7. Name and Address of New Registered Agent

Name

same

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

Signature typed or printed name of registered agent if not applicable.

Registered Agent signature required when reinstating

DATE

3/23/04

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PIOLI, DOMINIC
STREET ADDRESS 1536 DEERBOURNE DR.
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE MGRM
NAME PIOLI, SUZANNE
STREET ADDRESS 1536 DEERBOURNE DR.
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/23/04