



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90414 035 \*\*\*\*\*55.00

<b>DOCUMENT # L03000049394</b> 1. Entity Name <b>SMART FINANCIAL SERVICES, LLC</b>					
Principal Place of Business <b>6755 INDIAN RIVER BLVD. GRANT, FL 32949 US</b>			Mailing Address <b>6755 INDIAN RIVER BLVD. GRANT, FL 32949 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03192004 Chg-LLC CR2E083 (10/03)	
Zip		Zip		4. FEI Number <b>24-3788918</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN W 6755 INDIAN RIVER BLVD GRANT, FL 32949</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHINQUEE, ALITIA M 557 S PINE MEADOW DRIVE DEBARY, FL 32713	<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	MGRM CARON, JEANNE R 3535 CR 230B(P.O. BOX 354) WILDWOOD, FL 34785	<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	MGRM UYDESS, SAMUEL D 237 NW 69TH STREET BOCA RATON, FL 33487	<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	<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	<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	<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 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.					
<b>SIGNATURE:</b> <u>John Wm. Smith, John Wm. Smith</u> <u>3 Apr 2004</u> <u>3219177124</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Attachment  
24044314



## Florida Limited Liability

### SMART FINANCIAL SERVICES, LLC

#### PRINCIPAL ADDRESS

6755 INDIAN RIVER BLVD.  
GRANT FL 32949 US

#### MAILING ADDRESS

6755 INDIAN RIVER BLVD.  
GRANT FL 32949 US

**Document Number**  
L03000049394

**FEI Number**

~~NONE~~  
24-3782918

**Date Filed**

12/02/2003

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
12/03/2003

**Total Contribution**  
0.00

## Registered Agent

#### Name & Address

SMITH, JOHN W  
6755 INDIAN RIVER BLVD  
GRANT FL 32949

*Attachment*  
*24044014 #L03000049344*

## Manager/Member Detail

Name & Address	Title
CHINQUEE, ALITIA M 557 S PINE MEADOW DRIVE  DEBARY FL 32713 US	MGR
CARON, JEANNE R 3535 CR 230B(P.O. BOX 354)  WILDWOOD FL 34785 US	MGRM
UYDESS, SAMUEL D 237 NW 69TH STREET  BOCA RATON FL 33487 US	MGRM

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## Annual Reports

Report Year	Filed Date
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No Events

No Name History Information

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## Document Images

Listed below are the images available for this filing.

12/03/2003 -- Florida Limited Liability
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**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION  
OR CONFLICT**

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[Corporations Inquiry](#)[Corporations Help](#)

*Attachment*  
*240000316 #L13000049394*  
**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L03000049394  
FILED 8:00 AM  
December 02, 2003  
Sec. Of State**

**Article I**

The name of the Limited Liability Company is:  
SMART FINANCIAL SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6755 INDIAN RIVER BLVD.  
GRANT, FL. US 32949

The mailing address of the Limited Liability Company is:  
6755 INDIAN RIVER BLVD.  
GRANT, FL. US 32949

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JOHN W SMITH  
6755 INDIAN RIVER BLVD  
GRANT, FL. 32949

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN WM. SMITH

*Attached*  
**Article V**

*2404326*

L03000049394  
FILED 8:00 AM  
December 02, 2003  
Sec. Of State

The name and address of managing members/managers are:

Title: MGR  
ALITIA M CHINQUEE  
557 S PINE MEADOW DRIVE  
DEBARY, FL. 32713 US

Title: MGRM  
JEANNE R CARON  
3535 CR 230B(P.O. BOX 354)  
WILDWOOD, FL. 34785 US

Title: MGRM  
SAMUEL D UYDESS  
237 NW 69TH STREET  
BOCA RATON, FL. 33487 US

**Article VI**

The effective date for this Limited Liability Company shall be:

12/03/2003

Signature of member or an authorized representative of a member

Signature: JEANNE R. CARON