

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 13 PM 3:13

DOCUMENT # L04000006776

1. Entity Name
SMART BUSINESS STRATEGIES, LLC



Principal Place of Business

13020 102ND LANE NE
UNIT 3 Unit 3
KIRKLAND, WA 98034

Mailing Address

13020 102ND LANE NE
UNIT 3 Unit 3
KIRKLAND, WA 98034

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052007

Chg-LLC

CR2E083 (12/06)

02/23/07 60017 005 \$120

4. FEI Number
80-0095028

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAKSEN, JENNIFER
415 MCDILL AVE
TAMPA, FL 33609

Name

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DUNPHY, MARY P MGR
STREET ADDRESS 2737 77TH AVE SE, SUITE #100 13020 102ND LANE #3
CITY-ST-ZIP MERCER ISLAND, WA 98040 Kirkland, WA 98034

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

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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:

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

Date

Daytime Phone #

FF \$50
OP 70

[Handwritten signature]

7/5/07