

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020077

Entity Name: SMAK CREATIONS, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

3255 LAKESHORE DRIVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

4750 NW 74TH PL
COCONUT CREEK, FL 33073

Current Mailing Address:

3255 LAKESHORE DRIVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

4750 NW 74TH PL
COCONUT CREEK, FL 33073

FEI Number: 20-0932493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, STE. 125
CORAL GABLES, FL 33146 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: MRS. () Delete
Name: WOLF, MICHELLE M MANAGER
Address: 3255 LAKESHORE DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MR () Delete
Name: WOLF, SHAWN P MANAGER
Address: 3255 LAKESHORE DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: MRS. (X) Change () Addition
Name: WOLF, MICHELLE M MANAGER
Address: 4750 NW 74TH PL
City-St-Zip: COCONUT CREEK, FL 33073

Title: MR (X) Change () Addition
Name: WOLF, SHAWN P MANAGER
Address: 4750 NW 74TH PL
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN P. WOLF

MR

04/20/2006

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