


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90045 049 \*\*\*138.75

<b>DOCUMENT # L04000050281</b> 1. Entity Name <b>SMATLIK, LLC</b>					
Principal Place of Business <b>16123 CUTTING HORSE TRAIL MYAKKA CITY, FL 34251</b>			Mailing Address <b>16123 CUTTING HORSE TRAIL MYAKKA CITY, FL 34251</b>		
2. Principal Place of Business - No P.O. Box # <b>2035 SE 25th AVE</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>Cape Coral FL.</b>		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip <b>33904</b>	Country <b>USA</b>	Zip 	Country 		
6. Name and Address of Current Registered Agent <b>DILETTO, MICHELLE A 16123 CUTTING HORSE TRAIL MYAKKA CITY, FL 34251</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Michelle A. Diletto</i></u> DATE <u><i>JAN-10-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILETTO, MICHELLE A 16123 CUTTING HORSE TRAIL MYAKKA CITY, FL 34251 <i>(Change of address →)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Diletto, MICHELLE A. 2035 SE 25th Terrace CAPE CORAL, FL. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

60001326



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**33-8462476**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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: *Michelle A. Diletto* *JAN 10 08* *239-699-7457*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #