2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 16, 2005
Secretary of State

DOCUMENT# L04000052685

Entity Name: SMT, LLC

Current Principal Place of Business:

3595 LAUREL GREENS LANE NORTH #203
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

3595 LAUREL GREENS LANE NORTH #203
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREGORY, C. NEIL
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

STACHURSKI, MATTHEW
3595 LAUREL GREENS LANE NORTH
203
NAPLES, FL 34119 US

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: MATTHEW R. STACHURSKI 11/16/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: STACHURSKI, MATTHEW R
Address: 3595 LAUREL GREENS LANE N. #203
City-St-Zip: NAPLES, FL 34119

Title: MRS ( ) Change (X) Addition
Name: STACHURSKI, TERESA M
Address: 3595 LAUREL GREENS LANE N. #203
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA STACHURSKI MRS 11/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date