

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90022 011 ****50.00

DOCUMENT # L04000056522

1. Entity Name
SMMP, LLC



Principal Place of Business
125 BASIN STREET
SUITE 210
DAYTONA BEACH, FL 32114 US

Mailing Address
125 BASIN STREET
SUITE 210
DAYTONA BEACH, FL 32114 US

20047890



2. Principal Place of Business
444 SEABREEZE BLVD.
Suite, Apt. #, etc.
SUITE 1002
City & State
DAYTONA BEACH, FL
Zip
32118 Country
U.S.

3. Mailing Address
444 SEABREEZE BLVD.
Suite, Apt. #, etc.
SUITE 1002
City & State
DAYTONA BEACH, FL
Zip
32118 Country
U.S.

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1609506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEPIN, MICHAEL
10 JILL ALISON CIRCLE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MILLER, SANFORD ☐ Delete
125 BASIN STREET, SUITE 210
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
PEPIN, MICHAEL ☐ Delete
10 JILL ALISON CIRCLE
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
**444 SEABREEZE BLVD., SUITE 1002
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

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

SANFORD MILLER

4/18/05 386-238-7035

Date

Daytime Phone #