

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 042 ****50.00

DOCUMENT # L04000056522

1. Entity Name
SMMP, LLC



Principal Place of Business

444 SEEBREEZE BLVD
SUITE 1002
DAYTONA BEACH, FL 32118 US

Mailing Address

444 SEEBREEZE BLVD
SUITE 1002
DAYTONA BEACH, FL 32118 US



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MILLER, SANFORD
STREET ADDRESS 444 SEABREEZE BLVD, STE 1002
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE MGRM
NAME PEPIN, MICHAEL
STREET ADDRESS 10 JILL ALISON CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32176

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CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Sanford Miller
SANFORD MILLER

3/29/06

Date

386-238-7035

Daytime Phone #