

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000063241

1. Entity Name
SMS PROPERTIES, LLC



Principal Place of Business
902 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803

Mailing Address
902 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1594581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, DANIEL LL.M.
902 S FLORIDA AVE - STE 101
LAKELAND, FL 33803

**DO NOT WRITE
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, 2007

U000000706464
04/24/07-80034-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELBY, GLENN T 902 S FLORIDA AVE - STE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, DANIEL 902 S FLORIDA AVE - STE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARGEL, JOHN K 902 S FLORIDA AVE - STE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Office Phone #

4/11/07 868 5774000