

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-27-2005 90041 024 ****50.00

DOCUMENT # L04000087220 1. Entity Name S.M.R. SERVICES, LLC			
Principal Place of Business 3600 BAL HARBOR BLVD., SUITE 2-F PUNTA GORDA, FL 33950		Mailing Address 3600 BAL HARBOR BLVD., SUITE 2-F PUNTA GORDA, FL 33950	
2. Principal Place of Business 3600 Bal Harbor Blvd #2-F Suite, Apt. #, etc. 2-F		3. Mailing Address 3600 Bal Harbor Blvd #2-F Suite, Apt. #, etc. 2-F	
City & State Punta Gorda FL		City & State Punta Gorda, FL	
Zip 33950		Zip 33950	
Country USA		Country USA	
4. FEI Number 59-3790793		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME JOHNSON, CARTER L	☐ Delete	
STREET ADDRESS 3600 BAL HARBOR BLVD., SUITE 23	☐ Change ☐ Addition		
CITY-ST-ZIP PUNTA GORDA, FL 33950			
TITLE MGR	NAME JOHNSON, ANITA R	☐ Delete	
STREET ADDRESS 3600 BAL HARBOR BLVD., SUITE 23	☐ Change ☐ Addition		
CITY-ST-ZIP PUNTA GORDA, FL 33950			
TITLE S	NAME JOHNSON, CARTER L	☐ Delete	
STREET ADDRESS 3600 BAL HARBOR BLVD., SUITE 23	☐ Change ☐ Addition		
CITY-ST-ZIP PUNTA GORDA, FL 33950			
TITLE T	NAME JOHNSON, ANITA R	☐ Delete	
STREET ADDRESS 3600 BAL HARBOR BLVD., SUITE 23	☐ Change ☐ Addition		
CITY-ST-ZIP PUNTA GORDA, FL 33950			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY-ST-ZIP 			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: _____		4/25/05 - 281-661-0925 Date Daytime Phone #	