

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90372 009 \*\*\*\*50.00

**DOCUMENT # L04000087220**

1. Entity Name  
**S.M.R. SERVICES, LLC**



Principal Place of Business  
**3600 BAL HARBOR BLVD 2-E  
PUNTA GORDA, FL 33950**

Mailing Address  
**3600 BAL HARBOR BLVD 2-E  
PUNTA GORDA, FL 33950**

**60049099**



2. Principal Place of Business - No P.O. Box #  
**1144 INVERNESS ST**

3. Mailing Address  
**1144 INVERNESS ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102007 Chg-LLC CR2E083 (12/06)

City & State  
**Port Charlotte FL**

City & State  
**Port Charlotte FL**

4. FEI Number  
**59-3790793**

Applied For  
Not Applicable

Zip  
**33952**

Country  
**US**

Zip  
**33952**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**GREENE, JOAN F  
1640 ATARES DRIVE  
SUITE 23  
PUNTA GORDA, FL 33950**

**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, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, CARTER L**  
STREET ADDRESS **3600 BAL HARBOR BLVD., SUITE 23**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, ANITA R**  
STREET ADDRESS **3600 BAL HARBOR BLVD., SUITE 23**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **S** ☐ Delete  
NAME **JOHNSON, CARTER L**  
STREET ADDRESS **3600 BAL HARBOR BLVD., SUITE 23**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **T** ☐ Delete  
NAME **JOHNSON, ANITA R**  
STREET ADDRESS **3600 BAL HARBOR BLVD., SUITE 23**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **JOHNSON, CARTER L**  
STREET ADDRESS **1144 INVERNESS ST**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **JOHNSON, ANITA R**  
STREET ADDRESS **1144 INVERNESS ST**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **S** ☒ Change ☐ Addition  
NAME **JOHNSON, CARTER L**  
STREET ADDRESS **1144 INVERNESS ST**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **T** ☒ Change ☐ Addition  
NAME **JOHNSON, ANITA R**  
STREET ADDRESS **1144 INVERNESS ST**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/13/07**

**941-661-0993**  
Daytime Phone #