

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087220

Entity Name: S.M.R. SERVICES, LLC

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

1144 INVERNESS 57  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

1144 INVERNESS ST  
PORT CHARLOTTE, FL 33952 US

## Current Mailing Address:

1144 INVERNESS 57  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

1144 INVERNESSST  
PORT CHARLOTTE, FL 33952 US

FEI Number: 59-3790793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JOHNSON, CARTER L  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Delete  
Name: JOHNSON, ANITA R  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete  
Name: JOHNSON, CARTER L  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: JOHNSON, ANITA R  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, CARTER L  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, ANITA R  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S (X) Change ( ) Addition  
Name: JOHNSON, CARTER L  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T (X) Change ( ) Addition  
Name: JOHNSON, ANITA R  
Address: 1144 INVERNESS ST  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARTER JOHNSON

MGR

03/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date