


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90008 035 \*\*\*\*50.00

<b>DOCUMENT # L05000020728</b>																													
<b>1. Entity Name</b> SMART LABEL SOLUTIONS, LLC																													
<b>Principal Place of Business</b> 1115 NE 9TH AVENUE FORT LAUDERDALE, FL 33304    US			<b>Mailing Address</b> 1115 NE 9TH AVENUE FORT LAUDERDALE, FL 33304    US																										
<b>2. Principal Place of Business - No P.O. Box #</b> 1510 SE. 17th Street Suite, Apt. #, etc. # 400A		<b>3. Mailing Address</b> 1510 SE. 17th Street Suite, Apt. #, etc. # 400A																											
<b>City &amp; State</b> Ft. Lauderdale, FL		<b>City &amp; State</b> Ft. Lauderdale, FL																											
<b>Zip</b> 33316		<b>Country</b> USA		<b>Zip</b> 33316																									
<b>Country</b> USA		<b>Country</b> USA																											
<b>6. Name and Address of Current Registered Agent</b>  SMITH, DENNIS D C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FL FORT LAUDERDALE, FL 33304			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table style="width:100%;"> <tr> <td style="width:80%; text-align: right;"><b>FL</b></td> <td style="width:20%;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table style="width:100%;"> <tr> <td style="width:80%; text-align: right;"><b>FL</b></td> <td style="width:20%;">Zip Code</td> </tr> </table>	<b>FL</b>	Zip Code																		
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<b>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.</b>																													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)																													
Signature, typed or printed name of registered agent and title if applicable.																													
DATE _____																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b> <u>KARSON</u> <u>KAYE PEARSON</u> <u>1-12-07</u> <u>954 325-0325</u>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													
Date																													
Daytime Phone #																													