

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

DOCUMENT # L05000020728

1. Entity Name  
 SMART LABEL SOLUTIONS, LLC



Principal Place of Business      Mailing Address  
 1115 NE 9TH AVENUE      1115 NE 9TH AVENUE  
 FORT LAUDERDALE, FL 33304 US      FORT LAUDERDALE, FL 33304 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 1510 SE. 17th Street      1510 SE. 17th Street  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # 400A      # 400A

City & State      City & State  
 Ft. Lauderdale, FL      Ft. Lauderdale, FL  
 Zip      Country      Zip      Country  
 33316      USA      33316      USA



01122007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
 20-2420446      Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DENNIS D  
 C/O TRIPP SCOTT, P.A.  
 110 SE 6TH STREET, 15TH FL  
 FORT LAUDERDALE, FL 33304

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 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	<input type="checkbox"/> Delete
NAME	KAYE PEARSON,	
STREET ADDRESS	1115 NE 9TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1510 SE. 17th St #400A	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KAYE PEARSON      KAYE PEARSON      1-12-07      954 325-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #