


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90033 042 ****50.00

DOCUMENT # L05000031239	
1. Entity Name SMOOTH SURFACES. LLC	

Principal Place of Business 955 S.W. 2ND AVE. #304 MIAMI, FL 33131 US	Mailing Address 955 S.W. 2ND AVE. #304 MIAMI, FL 33131 US
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2. Principal Place of Business 955 S.W. 2ND AVE. Suite, Apt. #, etc. # 304 City & State MIAMI, FL Zip 33130 Country	3. Mailing Address 955 S.W. 2ND AVE. Suite, Apt. #, etc. # 304 City & State MIAMI, FL Zip 33130 Country
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03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2633529	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BERK, ARTHUR J 848 BRICKELL AVE. 200 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSADA-CALLEJAS, JORGE H 955 S.W. 2ND AVE., #304 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSADA-CALLEJAS, JORGE H 955 S.W. 2ND AVE., # 304 MIAMI, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 08-04-2006	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		