


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEP 14 AM 10:59

<b>DOCUMENT # L05000064873</b> 1. Entity Name <b>SMART CENTER FRANCHISING, LLC</b>					
Principal Place of Business <b>601 BRICKELL KEY DRIVE, STE. 604 MIAMI, FL 33131</b>			Mailing Address <b>601 BRICKELL KEY DRIVE, STE. 604 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>3225 AVIATION AVE</b> Suite, Apt. #, etc. <b>Suite 302</b> City & State <b>COCONUT GROVE, FL</b> Zip <b>33133</b>		3. Mailing Address <b>3225 AVIATION AVE</b> Suite, Apt. #, etc. <b>Suite 302</b> City & State <b>COCONUT GROVE, FL</b> Zip <b>33133</b>		4. FEI Number <b>20-3092604</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ARAZOZA &amp; FERNANDEZ-FRAGA, PA 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$50.00</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WENRICH, THOMAS A</b> <input type="checkbox"/> Delete <b>601 BRICKELL KEY DRIVE, STE. 604</b> <b>MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WENRICH, THOMAS A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3225 AVIATION AVE SUITE 302</b> <b>COCONUT GROVE, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080314432</b> <b>09/29/06--01071--013 **55.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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 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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>9-14-06</b>		Daytime Phone # <b>305-860-3091</b>