## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State

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DOCUMENT # L05000067076  1. Entity Name SMALLEY & COMPANY PAYROLL, LLC						02-05-2007	/ 90203 0	41 ***********	00.00
Principal Place	e of Business	Mailing Address			1 .				
1519 E HILLCREST STREET ORLANDO, FL 32803 US		1517 E HILLCREST STREET Orlando, Fl. 32803 US		60013310					
								:	(88) (1) 198)
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Numbe 20-3127				plied For t Applicable	
Zip	Country	Zip	Countr	ТУ	5. Certificate	of Status Desired	0	5.00 Add ee Require	litional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent	
CARROLL, LISA M				Name					
1517 E HIL	LLCREST STREET ), FL 32803	Street Address		Street Address (	(P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	9
8. The above the obligation	named entity submits this statement fo ions of registered agent.	the purpose of changing its r	registered	d office or register	red agent, or both	n, in the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE .						_			
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	Agent signature required	d when reinstating)		DATE		
FI	Signature, typed or printed name of registered agent stilling Fee is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE:	: Registered	Agent signature required	d when reinstäting)		DATE ke check pa a Departme		· · · · · · · · · · · · · · · · · · ·
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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: Lisa M Canally Signature and typed or printed hame of bigning managing member, manager, or authorized representative Date Degrito Phone of