

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90046 009 ****50.00

DOCUMENT # L05000074153					
1. Entity Name SMD-MELROSE, LLC					
Principal Place of Business 350 EAST LAS OLAS BLVD. SUITE 1700 FT LAUDERDALE, FL 33301			Mailing Address 600 LORING AVE. SUITE 5 SALEM, MA 01970 US		
2. Principal Place of Business - No P.O. Box # STATE RD. 7 & 441 ARMONE PL.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FL		City & State			
Zip 33437		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent ROSE, ANDREW B MR 600 LORING AVE. SUITE 5 SALEM, MA, FL 01970			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 September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSE, ANDREW B MR 600 LORING AVE. SALEM, MA 01970	<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	MGRM KLAMAN, MARK MR 600 LORING AVE. SALEM, MA 01970	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: _____			8-7-07 978.741.4740		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60054692



05232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3236785 Applied For Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #