

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102248

Entity Name: SMOOTH AL STUDIOS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5754 TIMBER LAKE DRIVE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 477
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 20-3703283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSZALEK, ALLEN P
Address: 5743 TIMBER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243 US

Title: MGRM () Delete
Name: MARSZALEK, KRISTEEN K
Address: 5754 TIMBER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARSZALEK, KRISTEEN K
Address: 5754 TIMBER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLEN P MARSZALEK

OWNE

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date