2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L05000119556

Entity Name: THE SM2 LLC

Current Principal Place of Business:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, EVELYN A
1649 SWAN TER
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: EVANS, EVEL A
Address: 1649 SWAN TER
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST ( ) Delete
Name: AALDERINK, JUDITH J
Address: 918 NE 18 TER
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: EVANS, EVELYN A
Address: 1649 SWAN TER
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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: EVELYN EVANS VPRE 02/05/2009

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