

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90148 014 ****50.00

DOCUMENT # L06000010846

1. Entity Name
SMATR SOUNDS LLC



Principal Place of Business
37811 CHANCEY RD. LOT 228
ZEPHYRHILLS, FL 33541

Mailing Address
37811 CHANCEY RD. LOT 228
ZEPHYRHILLS, FL 33541

2. Principal Place of Business - No P.O. Box #
4037 ROCKROSE LN
Suite, Apt. #, etc.

3. Mailing Address
4037 ROCKROSE LN
Suite, Apt. #, etc.

City & State
Zephyrhills FL
Zip
33541
Country
PASCO

City & State
Zephyrhills FL
Zip
33541
Country
PASCO

01022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1088112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REHM, WILLIAM T SR.
37811 CHANCEY RD. LOT 228
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent

Name
REHM William T SR

Street Address (P.O. Box Number is Not Acceptable)
4037 ROCKROSE LN

City
Zephyrhills FL Zip Code
33541

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 William T. Rehm Sr DATE 1-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
REHM, WILLIAM T SR.
37811 CHANCEY RD. LOT 228
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
REHM William T. SR
4037 ROCKROSE LN
Zephyrhills FL 33541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: William T. Rehm Sr DATE 1-20-07 DAYTIME PHONE # 813-783-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE