

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90038 042 \*\*\*\*50.00

DOCUMENT # L06000021314

1. Entity Name

STORESMART DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

2384 NW 49TH LANE  
BOCA RATON FL 33431  
US

2384 NW 49TH LANE  
BOCA RATON FL 33431  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3182547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, LEWIS  
2384 NW 49TH LANE  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **POLLACK, LEWIS**  
STREET ADDRESS **2384 NW 49TH LANE**  
CITY ST ZIP **BOCA RATON FL 33431**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Linda Lew, LLC**  
STREET ADDRESS  
CITY ST ZIP

TITLE **MGR** ☐ Delete  
NAME **SHERMAN, BRADFORD**  
STREET ADDRESS **425 WEST CAPITOL AVENUE, SUITE 9801**  
CITY ST ZIP **LITTLE ROCK AR 72201**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Kubera Development, LLC**  
STREET ADDRESS **25 Overlook Circle**  
CITY ST ZIP **LITTLE ROCK, Arkansas 72201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Bertrod, LLC**  
STREET ADDRESS **25 Overlook Circle**  
CITY ST ZIP **LITTLE ROCK, Arkansas 72201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

*Lewis Pollack* **Lewis Pollack** 3/22/07 561-212-5350