2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90038 039 ****50.00

DOCUMENT # L06000046001

1. Entity Name

STORESMART OF NORTH FT. PIERCE, LLC

Principal Place of Business	Mailing Address
2384 NW 49TH LANE BOCA RATON FL 22321 US	2384 NW 49TH LANE BOCA RATON FL 22321 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33431 Country	Zip 33431 Country

4. FEI Number 20-5121301 ☐ 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 G 2384 NW 49TH LANE BOCA RATON FL 22321	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY ST ZIP	MGRM STORESMART DEVELOPMENT, LLC 2384 NW 49TH LANE BOCA RATON FL 22321	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☑ Change ☐ Addition Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MATHEWS, SUSAN 2384 NW 49TH LANE BOCA RATON FL 22321	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ☑ Change ☐ Addition Susan M. Mathews Delaware Trust #550 New Linden Hill Rd. Suite 200 Wilmington, Delaware 19808
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	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 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: Lewis Pollack Lewis Pollack 3/22/07 561-212-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #