

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90269 026 \*\*\*138.75

**DOCUMENT # L06000046001**

1. Entity Name  
STORESMART OF NORTH FT. PIERCE, LLC



Principal Place of Business  
2384 NW 49TH LANE  
BOCA RATON, FL 33431 US

Mailing Address  
2384 NW 49TH LANE  
BOCA RATON, FL 33431 US

**60018351**



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

3270 US Rt. 1

3. Mailing Address

9835-16 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#301

03262008 Chg-LLC CR2E083 (12/06)

City & State

Fort Pierce, FL

City & State

Lake Worth, FL

4. FEI Number

20-5121301

Applied For

Not Applicable

Zip

34947

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33431

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME STORESMART DEVELOPMENT, LLC  
STREET ADDRESS 2384 NW 49TH LANE  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGR ☐ Delete  
NAME SUSAN M. MATTHEWS DELAWARE TRUST  
STREET ADDRESS 4550 NEW LINDEN HILL RD STE 200  
CITY-ST-ZIP WILMINGTON, DE 19808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Lewis Pollack*

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

Date

Daytime Phone #

3/26/08

561-212-5350