

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046001

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** STORESMART OF NORTH FT. PIERCE, LLC

**Current Principal Place of Business:**

3252 N. U.S. HWY. 1  
FORT PIERCE, FL 34947 US

**New Principal Place of Business:**

3252 N. U.S. HWY. 1  
FORT PIERCE, FL 34946 US

**Current Mailing Address:**

4180 NA1A  
UNIT 704B  
N. HUTCHINSON ISLAND, FL 34949 US

**New Mailing Address:**

3252 N. U.S. HWY. 1  
FORT PIERCE, FL 34946 US

**FEI Number:** 20-5121301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM  
Name: MATHEWS, SUSAN M  
Address: 4180 NA1A, UNIT 704B  
City-St-Zip: N. HUTCHINSON ISLAND, FL 34949 US

Title: MGR  
Name: SUSAN M. MATHEWS DELAWARE TRUST  
Address: 4550 NEW LINDEN HIL RD., SUITE 200  
City-St-Zip: WILMINGTON, DE 19808 US

I hereby 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: SUSAN M MATHEWS

MGRM

02/16/2011

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