

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048284

Entity Name: SMART REPAIRS, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

801 NW 86 AVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 NW 86 AVE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GEOFFREY, SMIKLE  
801 NW 86 AVE  
PEMBROKE PINES, FL 33024 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 ( ) Delete  
Name: SMIKLE, GEOFFREY  
Address: 801 NW 86 AVE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM ( ) Delete  
Name: NORBERT, WRIGHT  
Address: 930 NE 158 ST  
City-St-Zip: N MIAMI BEACH, FL 33162 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WRIGHT, NORBERT  
Address: 930 NE 158 ST  
City-St-Zip: N MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEOFFREY SMIKLE

MR.

04/21/2008

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