

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070365

Entity Name: SMYRNA CONDOMINIUM, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

2127 BRICKELL AVENUE
SUITE 1102
MIAMI, FL 33131

New Principal Place of Business:

1132 NW 3RD ST.
MIAMI, FL 33128

Current Mailing Address:

2127 BRICKELL AVENUE
SUITE 1102
MIAMI, FL 33131

New Mailing Address:

2945 S. MIAMI AVE.
MIAMI, FL 33129

FEI Number: 26-1233042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TSIRIS, GEORGE
2127 BRICKELL AVENUE
1102
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TSIRIS, GEORGE
2945 S. MIAMI AVE.
1102
MIAMI, FL 33129 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TSIRIS, ELIZABETH
Address: 2127 BRICKELL AVENUE, 1102
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: TSIRIS, GEORGE
Address: 2127 BRICKELL AVENUE, 1102
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TSIRIS, ELIZABETH
Address: 2945 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: VP (X) Change () Addition
Name: TSIRIS, GEORGE
Address: 2945 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

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: ELIZABETH TSIRIS

P

04/14/2009

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