

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078368

Entity Name: SMI INTERIORS LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2604 CARTER LANE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

2602 KELLY LANE
LAKE WORTH, FL 33460 US

Current Mailing Address:

2604 CARTER LANE
LAKE WORTH, FL 33460 US

New Mailing Address:

2602 KELLY LANE
LAKE WORTH, FL 33460 US

FEI Number: 20-5341883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICLAUDIO, SILVIO J
2604 CARTER LANE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

DICLAUDIO, SILVIO J
2602 KELLY LANE
LAKE WORTH, FL 33460 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICLAUDIO, SILVIO J
Address: 2604 CARTER LANE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGR () Delete
Name: DANIELS, LARRY K
Address: 2604 CARTER LANE
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DICLAUDIO, SILVIO J
Address: 2602 KELLY LANE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGR (X) Change () Addition
Name: DANIELS, LARRY K
Address: 2602 KELLY LANE
City-St-Zip: LAKE WORTH, FL 33460 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: SILVIO J DICLAUDIO

MGR

04/27/2009

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