

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Mar 20, 2007 8:00 am
Secretary of State

03-06-2007 90077 022 ****50.00

DOCUMENT # L06000122602 1. Entity Name GARRETT SMOKE LLC					
Principal Place of Business 11835 WHISPERING TREE AVE ORLANDO, FL 32837			Mailing Address 11835 WHISPERING TREE AVE ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMOKE, GARRETT 11835 WHISPERING TREE AVE ORLANDO, FL 32837				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SMOKE, GARRETT			NAME	
STREET ADDRESS	11835 WHISPERING TREE AVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:		Garrett J. Smoke		2/28/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	