2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020797

Entity Name: SMS, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete AVIN TECHNOLOGIES, L, LC

MELBOURNE, FL 32901 US

1220 E. PROSPECT AVE., SUITE 281

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RD AVENUE				
SUITE C OKEECHO	OBEE, FL 34972	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
180 NW 3 SUITE C	RD AVENUE				
	OBEE, FL 34972	US			
FEI Number	: F	El Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BENOIT, JAMES E 3411 SE 38TH AVENUE OKEECHOBEE, FL 34974 US			BENOIT, CHERYL A 3411 SE 38TH AVENUE OKEECHOBEE, FL 34974 US		
	e named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHERYL BENOIT				03/26/2008	
	Electronic	Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () De BENOIT, JAMES E 3411 SE 38TH AVE OKEECHOBEE, FL	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De BENOIT, CHERYL 3411 SE 38TH AVE OKEECHOBEE, FL	A NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De MCCREE, MARK S 2031 SE 24TH BLV OKEECHOBEE, FL	'D	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: CHERYL BENOIT **MGRM** 03/26/2008