FILED
Apr 28, 2008 8:00 am
Secretary of State
03-21-2008 90119 028 ***138.75

3/7

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000045050

1. Entity Name
SMMFMLY, LLC

30005120

Principal Place of Business	Mailing Address
5804 CRUISER WAY TAMPA, FL 33615	5804 CRUISER WAY TAMPA, FL 33615

03192008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	9502 Harpender Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tampa, FL 33626
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD #101
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINO, SHARON M ~~5804 CRUISER WAY~~ ~~XXXXXXXXXX~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marino, Sharon M. 9502 Harpender Way Tampa, FL 33626 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Sharon M. Marino 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #