2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# L07000110189

Entity Name: SMOOCH LLC

Current Principal Place of Business:

504 N ALAFIA TRAIL
113
ORLANDO, FL 32828

New Principal Place of Business:

464 N ALAFAYA TRAIL
109
ORLANDO, FL 32828

Current Mailing Address:

504 N ALAFIA TRAIL
113
ORLANDO, FL 32828

New Mailing Address:

564 N ALAFAYA TRAIL
109
ORLANDO, FL 32828

FEI Number: 61-1545324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROFE, REVITAL
9101 POINT CYPRESS DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROFE, REVITAL
Address: 9101 POINT CYPRESS DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete
Name: HADDAD, MYLENE
Address: 9101 KILGOR ROAD
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REVITAL ROFE OWNE 08/04/2008

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