

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007436

Entity Name: S.M.OLIVER LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2688 TRAVIDA DRIVE
DELTONA, FL 32738 US

New Principal Place of Business:

4540 YORKSHIRE LANE
KISSIMMEE, FL 34758 US

Current Mailing Address:

2688 TRAVIDA DRIVE
DELTONA, FL 32738 US

New Mailing Address:

4540 YORKSHIRE LANE
KISSIMMEE, FL 34758 US

FEI Number: 77-0710955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER, STEWART M
2688 TRAVIDA DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

OLIVER, STEWART M
4540 YORKSHIRE LANE
KISSIMMEE, FL 34758 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVER, STEWART M
Address: 2688 TRAVIDA DRIVE
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM () Delete
Name: OLIVER, ANNETTE R MRS
Address: 2688 TRAVIDA DRIVE
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVER, STEWART M MR
Address: 4540 YORKSHIRE LANE
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGRM (X) Change () Addition
Name: OLIVER, ANNETTE R MRS
Address: 4540 YORKSHIRE LANE
City-St-Zip: KISSIMMEE, FL 34758 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: STEWART M. OLIVER

MR

04/30/2009

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