2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L08000042694

Entity Name: SMASHING APPLES LLC

Current Principal Place of Business:

1215 S.W. 49TH TERRACE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

1215 S.W. 49TH TERRACE
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 26-2653905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GRECSEK, MARY B
2223 S.W. 12 AVENUE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

GRECSEK, TIMOTHY J
6690 PLANTATION ROAD
PLANTATION, FL 33317 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: TIMOTHY J. GRECSEK 06/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	STRATTON, ROBBY L	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	
Title:	MGRM	( ) Delete
Name:	STRATTON, JEANNE	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	
Title:	MGRM	( ) Delete
Name:	CALAMELA, PATRICIA	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	
Title:	MGRM	( ) Delete
Name:	GRECSEK, MARY B	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	
Title:	MGRM	( ) Delete
Name:	KEMPF, TAMMY	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	
Title:	MGRM	( ) Delete
Name:	MIKELL, LESLIE	
Address:	1215 S.W. 49TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROB STRATTON MGRM 06/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date