

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042694

FILED
Apr 29, 2010
Secretary of State

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 ()

Name and Address of Current Registered Agent:

GRECSEK, TIMOTHY J
2900 GLADES CIR. SUITE 700
WESTON, FL 33327 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
Name: STRATTON, ROBBY L
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: STRATTON, JEANNE
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: CALAMELA, PATRICIA
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: GRECSEK, MARY B
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: KEMPF, TAMMY
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: MIKELL, LESLIE
Address: 1215 S.W. 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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: ROBBY STRATTON

MGRM

04/29/2010

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