

FILING CANCELLED
RETURNED CHECK

**2013 LIMITED LIABILITY COMPANY
REINSTATEMENT**


13 SEP 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



09302013 REIN-LLC CR2E101 (12/11)

DOCUMENT # L11000130942					
1. Entity Name SMT ENTERPRISE SERVICES LLC					
Principal Place of Business 600 STORM ROAD QUINCY, FL 32351		Mailing Address 600 STORM ROAD QUINCY, FL 32351			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEEL, LASHELLE 58 SIOUX CIRCLE HAVANA, FL 32333			Name: <u>Sandra Montiel</u> Street Address (P.O. Box Number is Not Acceptable): <u>600 Storm Rd</u> City: <u>Quincy</u> FL Zip Code: <u>32351</u>		
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: <u>Sandra Montiel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TREJO, SAUL MONTIEL 600 STORM ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEJADA, MARIO 600 STORM ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTIEL, GIOBANY 600 STORM ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			SEP 30 2013 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: <u>Sandra Montiel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>9/30/13</u> E-MAIL ADDRESS: <u>sandramontiel@yahoo.com</u>		