

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 15, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L99000000906**

1. Entity Name  
**SMT OF AMERICA L.L.C.**



Principal Place of Business  
**8206 NW 30TH TERRACE  
MIAMI, FL 33122**

Mailing Address  
**8206 NW 30TH TERRACE  
MIAMI, FL 33122**



01072004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0894785**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WATKINS, NICOLAS J  
COURVOISIER CENTRE I, SUITE 504  
501 BRICKELL KEY DRIVE  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$30.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SPADARO, ALFREDO D  
8206 NW BOTER  
MIAMI, FL 33122**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HAUB, ADRIANA H  
8206 NW BOTER  
MIAMI, FL 33122**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000005312  
01/16/04-80001-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/12/04

Date

305-9947800

Daytime Phone #