

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90202 002 \*\*\*\*50.00

**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~~

**20013399**



2. Principal Place of Business  
**151 N. Hibiscus Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**151 N. Hibiscus Drive**  
Suite, Apt. #, etc.

02282006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami Beach, FL**  
Zip  
**33139**  
Country  
**USA**

City & State  
**Miami Beach, FL**  
Zip  
**33139**  
Country  
**USA**

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~~  
~~GOURVOISIER CENTRE I, SUITE 604~~  
~~604 BRICKELL KEY DRIVE~~  
~~MIAMI, FL 33134~~

7. Name and Address of New Registered Agent

Name  
**ADRIANA E. HAUB**  
Street Address (P.O. Box Number is Not Acceptable)  
**151 N. Hibiscus Drive**  
City  
**Miami Beach** FL Zip Code  
**33139**

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

**10/28/2006**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR**  
**HAUB, ADRIANA E.**  
**151 N. Hibiscus Drive**  
**Miami Beach, FL 33139** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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☐ Change ☐ 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.

SIGNATURE:

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

**10/28/2006** **(305) 720-6605**  
Date Daytime Phone #