

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90372 014 ***138.75

DOCUMENT # L99000006002

1. Entity Name
SMARTRESOURCE, L.L.C.



Principal Place of Business
**1610 NORTHGATE BLVD.
SARASOTA, FL 34234**

Mailing Address
**1610 NORTHGATE BLVD.
SARASOTA, FL 34234**

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DO NOT WRITE IN THIS SPACE

04292008 ~~No Eng LLC~~ CR2E083 (12/07)

4. FEI Number **65-0955856** Applied For
~~85-0894717~~ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, YVONNE E
1610 NORTHGATE BLVD.
SARASOTA, FL 34234**

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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	S
NAME	MURRAY, E. YVONNE
STREET ADDRESS	1610 NORTHGATE BLVD.
CITY- ST- ZIP	SARASOTA, FL 34234
TITLE	V
NAME	MURRAY, C. STUART
STREET ADDRESS	1610 NORTHGATE BLVD
CITY- ST- ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: *Yvonne E Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-29-2008 (941) 359-6678
Date Daytime Phone #