APHNUTHE 2000 UNIFORM BUSINESS REPORT (UBR) L99000007838 DOCUMENT # 1. Entity Name 00 MAY -2 AM 10: 05 SMG, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9021 TOWN CENTER PARKWAY 9021 TOWN CENTER PARKWAY **BRADENTON FL. 34202-4175 BRADENTON FL 34232** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAUS, KIMBERLY L Street Address (P.O. Box Number is Not Acceptable) 9021 TOWN CENTER PARKWAY **BRADENTON FL 34232** Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signs DATE uired when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. PIMEMBER MGR Change Addition TITLE TITLE Detete Newsome, John S 2021 Town Center Parkury NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP radorton, Fl. 34202 CITY-ST-ZIP VPI membér IMGR Change Agailtion ☐ Delete TITLE TITLE Doyle, michael J. PARKWAY MAME NAME STREET ADDRESS STREET ADDRESS CITY- 27-71P CITY-ST-7IP Bradenton, Fl. 34202 P. / MANAGER Addition ☐ Change IIILE ☐ Deteto TITLE GRAUS, Kimbenly L NAME 9021 Town Center PARKWAY STREET ADDRESS STREET ADDRESS Bradenton, F1, 34202 CITY-ST-7IP Addition TITLE Delete TITLE Change NAME S00003260359-*-*7 STREET ADDRESS STREET ADDRESS -05/22/00--01019--003 CITY- \$1-ZIP CITY- ST- ZIP *****50,00 TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY A 71P TITLE Change ... Addition ☐ Delete NAME STREET ANORESS STHEET ADDRESS CITY-ST-ZIP CITY- ST- 71P 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

PED OF PRINTED NAME OF SIGNING MANAGING ME