

***2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000002610

1. Entity Name
SMT SANFORD, LLC



Principal Place of Business
**201 HICKMAN DR.
SANFORD, FL 32777**

Mailing Address
**159 S. MAIN ST., STE. 500
AKRON, OH 44308**



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1939635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BMD FLORIDA SERVICE, LLC
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202**

**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)

100000468755

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

03/22/06-20064-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRENNAN, DAVID L
STREET ADDRESS	159 S. MAIN STREET, SUITE 500
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	WEAVER, KEITH B
STREET ADDRESS	7300 ACC BLVD
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	MGRM
NAME	WEBER, JOSEPH R
STREET ADDRESS	159 S. MAIN STREET, SUITE 500
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	WALKO, LEE S
STREET ADDRESS	75 E. MARKET ST.
CITY-ST-ZIP	AKRON, OH 44308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Lee S. Walko

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

3-6-06

Date

330-253-5060

Overtime Phone #