

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002545

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** SMART DOCUMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

120 BLUEGRASS VALLEY PKWY.  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1812  
ALPHARETTA, GA 30005

**New Mailing Address:**

120 BLUEGRASS VALLEY PKWY  
ALPHARETTA, GA 30005

**FEI Number:** 58-2659941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMART, JOHN A  
Address: 120 BLUEGRASS VALLEY PKWY.  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR ( ) Delete  
Name: SMART HOLDINGS CORP.,  
Address: 75 14TH STREET 24TH FL  
City-St-Zip: ATLANTA, GA 30309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JOHN A. SMART II

MEM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date