

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90063 019 ***138.75

60031082



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **90-0068487** Applied For ☐ Not Applicable

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

DOCUMENT # M03000001283

1. Entity Name
SMN MANAGEMENT, LLC



Principal Place of Business
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

Mailing Address
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**TAYLOR, N. BERRY SR.
401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TAYLOR, N. BERRY**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **MGR** ☒ Delete
NAME **HAGAN, KEVIN**
STREET ADDRESS **401 COMMERCIAL CT., STE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **MGR** ☒ Delete
NAME **PEACOCK, FRANK R**
STREET ADDRESS **401 COMMERCIAL CT., STE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: N. BERRY TAYLOR 25 April 08 941-484-5339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #