

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000035

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** SMA & PLB REALTY ASSOCIATES, LLC

**Current Principal Place of Business:**

177 HIGH SERVICE AVENUE  
NORTH PROVIDENCE, RI 02904

**New Principal Place of Business:**

**Current Mailing Address:**

60 COSMA ROAD  
NORTH EASTON, MA 02356

**New Mailing Address:**

**FEI Number:** 20-0399375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEINER, ROD ESQ.  
C/O COKER & FEINER  
1404 S. ANDREWS AVENUE  
FT. LAUDERDALE, FL 333161840 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  
**Name:** ANJOORIAN, SYLVIA M  
**Address:** 177 HIGH SERVICE AVENUE  
**City-St-Zip:** NORTH PROVIDENCE, RI 02904

**Title:** MGR  
**Name:** BARTLETT, PATRICIA L  
**Address:** 60 COSMA ROAD  
**City-St-Zip:** NORTH EASTON, MA 02356

I hereby 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:** PATRICIA L. BARTLETT

MGR

01/07/2010

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