

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000000400

1. Entity Name

SMP MARKETING, LLC



Principal Place of Business

**6820 M-140
EAU CLAIRE MI 49111**

Mailing Address

**6820 M-140
EAU CLAIRE MI 49111**



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

4. FEI Number

01-0726551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYMOND, JOHN J JR.
C/O BUTZEL LONG, PC
1200 N. FEDERAL HWY.
BOCA RATON FL 33432**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's 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

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SEEL, GREGORY**
CITY- ST- ZIP **6820 M 140
EAU CLAIRE MI 49111**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PORTER, JACK**
CITY- ST- ZIP **143 AIRPORT RD
GREENFIELD TN 38230**

TITLE ☐ Change ☐ Addition
NAME **U000000817565**
STREET ADDRESS **02/15/08-80007-022 138.75**
CITY- ST- ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PORTER, JOE**
CITY- ST- ZIP **143 AIRPORT RD
GREENFIELD TN 38230**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PERKINS, JEFF**
CITY- ST- ZIP **143 AIRPORT RD
GREENFIELD TN 38230**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PORTER, JAMES**
CITY- ST- ZIP **143 AIRPORT RD
GREENFIELD TN 38230**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MOORE, RANDALL**
CITY- ST- ZIP **STATE FARMERS MARKET STALL 44
THOMASVILLE GA 31792**

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 Section 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:

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

Date

Daytime Phone #

[Handwritten Signature] **Greg Seel** **2/1/08** **996-994-8460**