

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101554

**Entity Name:** SME INVESTMENT GROUP, LLC**Current Principal Place of Business:**515 NE 42ND STREET  
OAKLAND PARK, FL 33334**Current Mailing Address:**515 NE 42ND STREET  
OAKLAND PARK, FL 33334 US**FEI Number:** 26-1330179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEAD, STUART  
4941 NE 123RD LANE  
OXFORD, FL 34484 US*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**Authorized Person(s) Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | MGR                |
| Name            | MEAD, STUART       |
| Address         | 4941 NE 123RD LANE |
| City-State-Zip: | OXFORD FL 34484    |

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|-----------------|--------------------|
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| Name            | MEAD, STUART       |
| Address         | 4941 NE 123RD LANE |
| City-State-Zip: | OXFORD FL 34484    |

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|-----------------|---------------------|
| Title           | MGR                 |
| Name            | MEAD, STUART        |
| Address         | 4293                |
| City-State-Zip: | WELLINGTON FL 33449 |

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|-----------------|---------------------|
| Title           | MGR                 |
| Name            | MEAD, STUART        |
| Address         | 4293                |
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| Title           | MGR                 |
| Name            | MEAD, STUART        |
| Address         | 4293                |
| City-State-Zip: | WELLINGTON FL 33449 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART MEAD**MANAGER****04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date