

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1100000830

**Entity Name:** SMCI, LLC

**Current Principal Place of Business:**

4200 DOW ROAD SUITE D  
MELBOURNE, FL 32934

**Current Mailing Address:**

PO BOX 121674  
WEST MELBOURNE, FL 32912-1674 US

**FEI Number:** 27-4984388

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 HERRMANN, JAMES M  
Address 4200 DOW ROAD SUITE D  
City-State-Zip: MELBOURNE FL 32934

Title MGR  
Name GIBBS, ROBERT V  
Address 4200 DOW ROAD SUITE D  
City-State-Zip: MELBOURNE FL 32934

Title MANAGING MEMBER  
Name CARNIFAX, CHARLES M  
Address 4200 DOW ROAD SUITE D  
City-State-Zip: MELBOURNE FL 32934

Title MANAGING MEMBER  
Name MCCOY, COURTNEY L  
Address 4200 DOW ROAD SUITE D  
City-State-Zip: MELBOURNE FL 32934

*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:** COURTNEY MCCOY

**BUSINESS MANAGER**

**04/15/2015**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date