

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000000997**

1. Entity Name  
**DAVID C. SMITH MARINE, LLC**



Principal Place of Business  
**6 SARANAC ROAD  
SEA RANCH LAKES, FL 33308**

Mailing Address  
**6 SARANAC ROAD  
SEA RANCH LAKES, FL 33308**



09112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, DAVID C  
6 SARANAC ROAD  
SEA RANCH LAKES, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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

*David C. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, DAVID C
STREET ADDRESS	6 SARANAC ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	MGRM
NAME	SMITH, BARBARA H
STREET ADDRESS	6 SARANAC ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959587  
09/12/08-80002-033 538.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Barbara H. Smith*

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

Date

9/11/2008

Daytime Phone #

714-688-7981