

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101590

**Entity Name:** SMOKY MOUNTAIN PROPERTIES, L.L.C.

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC5068308797**

**Current Principal Place of Business:**

6495 SHORELINE DRIVE  
APT 8406  
ST. PETERSBURG, FL 33708

**Current Mailing Address:**

6495 SHORELINE DRIVE  
APT 8406  
ST. PETERSBURG, FL 33708 US

**FEI Number:** 20-3642150

**Certificate of Status Desired:** No

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

MARTIN, JOHN P  
401 S. LINCOLN AVE.  
CLEARWATER, FL 33756 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 MGRM  
Name SPRINGER, DARCY L  
Address 6495 SHORELINE DRIVE  
APT 8406  
City-State-Zip: ST. PETERSBURG FL 33708

Title MGR  
Name MCHENRY, PHILIP E  
Address 6495 SHORELINE DRIVE  
APT 8406  
City-State-Zip: ST. PETERSBURG FL 33708

Title MGR  
Name SPRINGER, PAUL G  
Address 6495 SHORELINE DRIVE  
APT 8406  
City-State-Zip: ST. PETERSBURG FL 33708

*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:** DARCY SPRINGER

MMGR

01/22/2016

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

\_\_\_\_\_ Date