## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057519

Entity Name: SMP, LLC

**Current Principal Place of Business:** 

1551 ATLANTIC BLVD SUITE 300

JACKSONVILLE, FL 32207

**Current Mailing Address:** 

PO BOX 47050

JACKSONVILLE, FL 32247

FEI Number: 20-5004673 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETREE, J. C. JR. 1551 ATLANTIC BLVD STE300 JACKSONVILLE, FL 32207 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: J. C. DEMETREE, JR. 03/09/2020

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRPT Title VPSAT

Name DEMETREE, J. C. JR. Name DEMETREE, MARK C

Address PO BOX 47050 Address PO BOX 47050

City-State-Zip: JACKSONVILLE FL 32247 City-State-Zip: JACKSONVILLE FL 32247

Title VPAS Title VPAS

NameDEMETREE, CHRISTOPHER CNameDUNN, M HARRISAddressPO BOX 47050AddressPO BOX 47050

City-State-Zip: JACKSONVILLE FL 32247 City-State-Zip: JACKSONVILLE FL 32247

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: J.C. DEMETREE, JR.

**PRESIDENT** 

03/09/2020

FILED Mar 09, 2020

**Secretary of State** 

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