

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090820

**Entity Name:** SMP HENDRICKS, LLC

**Current Principal Place of Business:**

1551 ATLANTIC BLVD  
SUITE 300  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 47050  
JACKSONVILLE, FL 32247

**FEI Number:** 26-4718436

**Certificate of Status Desired:** No

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

DEMETREE, J.C. JR  
1551 ATLANTIC BLVD, SUITE 300  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MPT  
Name DEMETREE, J.C. JR.  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247

Title VPSAT  
Name DEMETREE, MARK C  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS  
Name DEMETREE, CHRISTOPHER C  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS  
Name DUNN, M HARRIS  
Address P.O. BOX 47050  
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**

**04/06/2021**

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

\_\_\_\_\_  
Date