

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106418

**Entity Name:** ANGELA M SMITH, SMALL BUSINESS BOOKKEEPING  
SPECIALIST, LLC

**Current Principal Place of Business:**

2601 MOODY BLVD. (SR 100)  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

P.O. BOX 1287  
FLAGLER BEACH, FL 32136

**FEI Number:** 45-3274411

**Certificate of Status Desired:** No

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

SMITH, ANGELA  
2601 MOODY BLVD. (SR 100)  
FLAGLER BEACH, FL 32136 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 SMITH, ANGELA  
Address P.O. BOX 1287  
City-State-Zip: FLAGLER BEACH FL 32136

*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:** ANGELA SMITH

MGRM

03/21/2014

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

\_\_\_\_\_  
Date