

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083798

**Entity Name:** YOUNG AND SMITH LLC

**Current Principal Place of Business:**

4495 CESSNOCK DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

4495 CESSNOCK DRIVE  
PENSACOLA, FL 32514 US

**FEI Number:** 81-2172676

**Certificate of Status Desired:** No

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

YOUNG, LARRY J  
4495 CESSNOCK DRIVE  
PENSACOLA, FL 32514 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 AMBR  
Name SMITH, PHEDRA  
Address 5266 WESTWIND CIRCLE  
City-State-Zip: PENSACOLA FL 32526

Title MGR  
Name SMITH, PHEDRA  
Address 5266 WESTWIND CIRCLE  
City-State-Zip: PENSACOLA FL 32526

Title AMBR  
Name SMITH, PATRICK P  
Address 5266 WESTWIND CIRCLE  
City-State-Zip: PENSACOLA FL 32526

Title AMBR  
Name YOUNG, LARRY J  
Address 4495 CESSNOCK DRIVE  
City-State-Zip: PENSACOLA FL 32514

Title AMBR  
Name YOUNG, FELISHA A  
Address 4495 CESSNOCK DRIVE  
City-State-Zip: PENSACOLA FL 32514

Title AMBR  
Name YOUNG, LAWRENCE D  
Address 4495 CESSNOCK DRIVE  
City-State-Zip: PENSACOLA FL 32514

*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:** LARRY J. YOUNG

**REGISTERED AGENT**

**03/18/2017**

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

\_\_\_\_\_  
Date