

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000151278

**Entity Name:** SMITH HUGHES, LLC

**Current Principal Place of Business:**

1450 FLAGLER AVE.  
SUITE 8  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1450 FLAGLER AVE.  
SUITE 8  
JACKSONVILLE, FL 32207 US

**FEI Number:** 82-2160722

**Certificate of Status Desired:** No

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

SHULTZ, CHAD  
1450 FLAGLER AVE.  
SUITE 2  
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 AMBR  
Name SMITH, DOLAN  
Address 1450 FLAGLER AVE.  
SUITE 8  
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR  
Name HUGHES, SHANNON  
Address 12807 GILLESPIE AVE  
City-State-Zip: JACKSONVILLE FL 32218

*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:** SMITH , DOLAN

**MEMBER**

**02/04/2020**

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

\_\_\_\_\_  
Date