

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000259090

**Entity Name:** SMITH, MCGOWAN, WILLIAMS & ASSOCIATES LLC

**Current Principal Place of Business:**

2425 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 54121  
JACKSONVILLE, FL 32245 UN

**FEI Number: 81-2874956**

**Certificate of Status Desired: Yes**

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

SMITH, LIONEL M  
2425 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 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 MGR  
Name SMITH, LIONEL M  
Address 2425 UNIVERSITY BLVD S  
City-State-Zip: JACKSONVILLE FL 32216

*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: LIONEL M. SMITH**

**MGR**

**04/25/2021**

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

\_\_\_\_\_  
Date