

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000014882

**Entity Name:** ISK SMOTHERS L.L.C.

**Current Principal Place of Business:**

15914 BAINEBRIDGE DR  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

PO BOX 26532  
JACKSONVILLE, FL 32226 US

**FEI Number:** 84-4409095

**Certificate of Status Desired:** Yes

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

SMOTHERS, SAMUEL R III  
15914 BAINEBRIDGE DR  
JACKSONVILLE, FL 32218 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 REPRESENTATIVE  
Name SMOTHERS, KIMBERLY S  
Address 15914 BAINEBRIDGE DR  
City-State-Zip: JACKSONVILLE 32218

Title REPRESENTATIVE  
Name CHANDLER, ISAISHA  
Address 15914 BAINEBRIDGE DR  
City-State-Zip: JACKSONVILLE FL 32218

Title MGR  
Name SMOTHERS, SAMUEL  
Address 15914 BAINEBRIDGE DR  
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:** SAMUEL SMOTHERS

**MANAGER**

**03/17/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date