

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000037979

**Entity Name:** SERVED MY COUNTRY, LLC

**Current Principal Place of Business:**

3400 OLD BAINBRIDGE ROAD  
UNIT# 409  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

3400 OLD BAINBRIDGE ROAD  
UNIT# 409  
TALLAHASSEE, FL 32303

**FEI Number:** 84-4588011

**Certificate of Status Desired:** No

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

SMITH, RODERICK O SR.  
3400 OLD BAINBRIDGE ROAD  
UNIT# 409  
TALLAHASSEE, FL 32303 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, RODERICK O SR  
Address        3400 OLD BAINBRIDGE ROAD, UNIT#  
                  409  
City-State-Zip: TALLAHASSEE FL 32303

Title            AMBR  
Name            SMITH, RODERICK O JR  
Address        3400 OLD BAINBRIDGE ROAD, UNIT#  
                  409  
City-State-Zip: TALLAHASSEE FL 32303

Title            AMBR  
Name            SMITH, JANICE  
Address        3400 OLD BAINBRIDGE ROAD, UNIT#  
                  409  
City-State-Zip: TALLAHASSEE FL 32303

*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, RODERICK O, SR

AMBR

04/12/2023

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

\_\_\_\_\_  
Date