

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010681

FILED
Feb 09, 2006
Secretary of State

Entity Name: CRAIG A. SMITH & ASSOCIATES GOVERNMENTAL SERVICES, LLC

Current Principal Place of Business:

1000 W MCNAB RD
SUITE 200
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 W MCNAB RD
SUITE 200
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-1130452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEPHEN C
1000 W MCNAB RD
SUITE 200
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, STEPHEN C
Address: 1000 W MCNAB RD #200
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: MILITA, DALE
Address: 1000 W MCNAB RD #200
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: SCHRINGER, GENE R
Address: 1000 W MCNAB RD #200
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN C. SMITH

MGRM

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date