

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018572

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SMITH MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

700 FRONT ST  
STE. 105  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

231 MARGARET STREET  
KEY WEST, FL 33040

**New Mailing Address:**

700 FRONT STREET  
SUITE 105  
KEY WEST, FL 33040

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, URBAN EUGENE  
6 ALLAMANDA TERRACE  
KEY WEST, FL 33040 US

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

SMITH, URBAN EUGENE  
1500 ATLANTIC BLVD  
#415  
KEY WEST, FL 33040 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:

02/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: V  
Name: SMITH, SUE  
Address: 1500 ATLANTIC #415  
City-St-Zip: KEY WEST, FL 33040

I hereby 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: SUE SMITH

V

02/15/2011

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