2004 LIMITED LIABILITY COMPANY

FILED
Mar 04, 2004 8:00 am
Secretary of State

DOCUMENT # L02000033934 1. Entity Name J. SMITH, LLC							1 ary 01 04 90343 038 *	
Principal Place of Business Mailing Address 5000 NW 27TH COURT, SUITE D 5000 NW 27TH COURT, GAINESVILLE, FL 32606 GAINESVILLE, FL 32606				0				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052004	Chg-LLC	CR2E083 (10/03)	1
City & State		City & State	City & State		4. FEI Numb	<u> </u>		pplied For
Zip	Country	Zip	Zip Count			of Status Desired	\$5.00 Ac	lot Applicable
6. Name and Address of Current F		ent Registered Agent	tered Agent		7. Name and Address of New Registered Agent			
SMITH I	ACK:	-		Name				
5000 NW	27TH COURT, SUITE D		.	Street Address	(P.O. Box Numb	er is Not Acceptable) 	***
				City	·		El Zip Co	de .
8. The above	named entity submits this statement	Day the number of changing it	te rogietaro			th in the Sant of S	- FL ' ,	
the obliga	tions of registered agent.	The purpose of changing in	re redistere	or or registe	rreo agent, or oc	KII, KI I INS SIBIE OF HO	nda. 1 zim tamiliar ynin	, and accept
SIGNATURE	Standard perfor printed name of registered as		-		·		2/19/0	
ļ	Signature specifier printed name of registered as	Geri mus con a application. (NC	OTE. Registered	l Agent signature require	(grinsaries nertwid		DATE	
F D	lling Fee is \$50.00 ue by May 1, 2004						e check payable to Department of Sta	te
9.		BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	Jack 3m or	CONCR Delete	TITLE	li i			☐ Change	☐ Addition
STREET ADDRESS CRY-ST-ZIP	GAINESUILE F	ct. sied	STREET	ET ADDRESS ST-ZIP		ar gyN		
TITLE		☐ Delete	TITLE			<u>.</u>	☐ Change	☐ Addilion
NAME STREET ADDRESS			NAME	ET ADDRESS			_ •	
CITY-ST-ZIP	İ			ST-7IP		•		
TITLE	-	☐ Delete	ть				☐ Change	Addition
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP		4	- 1	ET ADURESS ST-ZIP				
шк, ~		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS.			NAME		eg er e r e. Januaryan			
CITY-ST-ZIP		,		ST-ZIP				
TITLE	-	☐ Deleio	TITLE	l l	<u> </u>		☐ Change	Addition
NAME Street address			NAME	T ADDRESS				
CITY-ST-ZIP				SI-TP				
TITLE		☐ Delete	πιε	1		<i>,</i>	☐ Change	Addition
STREET ADDRESS	·		NAME	T ADDRESS		-		
CITY-ST-ZIP			CITY-	ST-ZIP				
11. Thereby a	certify that the information surplied videntify that the information surplied videntify the receiver by the	with this filing does not qualify found that my signature shall have	or the exen	notion stated in Se	ection 119.07(3)	i), Florida Statutes. I	further certify that the i	information
limited lia	ibility company or the receiver or trus	stee empowered to execute this	s report as	required by Chap	nace under cath ster 608, Florida	i; mai i anya managi Statutes	ng member or manag	erotthe
	-		>			2/10/1	rl	
SIGNAT		E DE SICHENC MEMACING REVIOLET THE	AMARES SE			7111	<i></i>	