

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005214

FILED
Apr 01, 2009
Secretary of State

Entity Name: SMOKEY HOLLOW ENTERPRISES, LLC

Current Principal Place of Business:

100 S. EOLA DRIVE
UNIT 706
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

100 S. EOLA DRIVE
UNIT 706
ORLANDO, FL 32801

New Mailing Address:

725 BEAR CREEK CIRCLE
WINTER SPRINGS, FL 32708

FEI Number: 91-2185550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMSLEY, STEVE M
100 S. EOLA DRIVE
UNIT 706
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GRIMSLEY, STEVE M
725 BEAR CREEK CIRCLE
WINTER SPRINGS, FL 32708 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:

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIMSLEY, STEVE M
Address: 100 S. EOLA DRIVE UNIT 706
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRIMSLEY, STEVE M CEO
Address: 725 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Change (X) Addition
Name: STEVEN, JR., GRIMSLEY M MANAGER
Address: 725 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify 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: STEVE GRIMSLEY

MGRM

04/01/2009

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