

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033805

FILED
Aug 06, 2007
Secretary of State

Entity Name: SMITH CAPITAL GROUP LLC

Current Principal Place of Business:

8229 SEVEN MILE DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 51103
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 20-0207564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, BRIAN
24778 DEER TRACE DR.
PONTE VEDRA BEACH, FL 32082 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, SCOTT
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGRM () Delete
Name: SMITH, BRIAN
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGRM () Delete
Name: SMITH, ARNOLD
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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 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: BRIAN J. SMITH

MGRM

08/06/2007

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