


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000047258

1. Entity Name
CHARLES R. SMITH, LLC



Principal Place of Business 659 JENKS AVE PANAMA CITY, FL 32401 US	Mailing Address 659 JENKS AVE PANAMA CITY, FL 32401 US
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DO NOT WRITE IN THIS SPACE



04182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2869640	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CHARLES R
 3718 BURNHAM WAY
 PANAMA CITY, FL 32405**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000938824
 05/28/08-80003-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, CHARLES R 3718 BURNHAM WAY PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *x Charles R Smith* **Charles Smith** **4/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #