

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90118 012 \*\*\*\*50.00

DOCUMENT # L04000000789

1. Entity Name  
JERRELL KENNETH SMITH LLC



Principal Place of Business  
PO BOX 862  
GONZALEZ, FL 32560

Mailing Address  
PO BOX 862  
GONZALEZ, FL 32560

00000000



2. Principal Place of Business - No P.O. Box #  
420 Bayfront Parkway  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 13447  
Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

City & State  
Pensacola

City & State  
Pensacola

4. FEI Number  
20-1083047

Applied For  
Not Applicable

Zip  
32502 Country  
USA

Zip  
32591-3447 Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SMITH, LLC, JERRELL K  
415 B N. TARRAGONA ST  
PENSACOLA, FL 32501

Name  
Jerrell Kenneth Smith, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
420 Bayfront Parkway  
City  
Pensacola FL Zip Code  
32502

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SMITH, JERRELL K  
PO BOX 862  
GONZALEZ, FL 32560 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO Box 13447  
Pensacola FL 32591-3447 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

420-01 437-0108