

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90104 026 ***138.75

DOCUMENT # L04000000789					
1. Entity Name JERRELL KENNETH SMITH LLC					
Principal Place of Business 420 BAYFRONT PKWY PENSACOLA, FL 32502			Mailing Address PO BOX 13447 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # 1413 Keylan Core <small>Suite, Apt. #, etc.</small>		3. Mailing Address PO Box 862 <small>Suite, Apt. #, etc.</small>			
City & State Pensacola FL		City & State Gonzalez, FL		4. FEI Number 20-1083047	
Zip 32514		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, LLC, JERRELL K 420 BAYFRONT PKWY PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name: Jerrell K. Smith Street Address (P.O. Box Number is Not Acceptable): 1413 Keylan Core City: Pensacola FL Zip Code: 32514		
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: DATE: 4.11.08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SMITH, JERRELL K PO BOX 13497 PENSACOLA, FL 32591		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO Box 862 Gonzalez, FL 32560	
[Delete]			[Change] [Addition]		
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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:			4.11.08 (850) 332-6966		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		