


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90021 028 ****50.00

DOCUMENT # L04000004984 1. Entity Name MEINSMITH ENTERPRISES, LLC					
Principal Place of Business 285 POINCIANA DR INDIAN HARBOR BEACH, FL 32937 US			Mailing Address 285 POINCIANA DR INDIAN HARBOR BEACH, FL 32937 US		
2. Principal Place of Business 2065 HWY A1A. Suite, Apt. #, etc. # 1304		3. Mailing Address 2065 HWY A1A. Suite, Apt. #, etc. # 1304			
City & State INDIAN HARBOUR BEACH, FL		City & State INDIAN HARBOUR BEACH, FL		4. FEI Number 20-1244439	
Zip 32937		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SUSAN J 285 POINCIANA DR INDIAN HARBOR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>[Signature]</i></u> SUSAN SMITH. 04/04/05. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SUSAN J 4 FENCE GATE FENCE, NR BURNLEY, LANCS, UK BB12 9EG <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SUSAN J 2065 HWY A1A INDIAN HARBOUR BEACH, FL, US, 32937. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JASON I 4 FENCE GATE FENCE, NR BURNLEY, LANCS, UK BB12 9EG <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JASON I 2065 HWY A1A INDIAN HARBOUR BEACH, FL, US, 32937. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> JASON SMITH. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 04/04/05. Daytime Phone # 321-777-4798.		