2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000010370

STEWART SMITH CONTRACTOR, LLC



Principal Place of Business

Mailing Address

3542 NW 71ST ST GAINESVILLE, FL 32606 US 3542 NW 71ST ST

GAINESVILLLE, FL 32606 US

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03312007 No Chg-LLC

CR2E083 (11/05)

FILED

Apr 04, 2007 08:00 All Secretary of State

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEWART 3542 NW 71ST ST GAINESVILLE, FL 32606

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	bove named entity submits this stater pligations of registered agent.	nent for the purpose of changing	g its registered office o	registered agent, or t	both, in the State of	Florida. I am	familiar with, and	accept
SIGNATL	JRE					-	1 - 1 - 1 - 1 - 1	·:
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)					DATE			
	13.71	* ** * *1						•
	Filing Fee is \$50.00							

MANAGING MEMBERS/MANAGERS MGRM TITLE NAME SMITH, STEWART STREET ADDRESS 3542 NW 71ST ST CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000689114 04/11/07-80023-009 50.00

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