


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90047 050 \*\*\*\*55.00

DOCUMENT # L04000024317	
1. Entity Name SMITH LAW GROUP, LLC	

Principal Place of Business 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	Mailing Address 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309
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30010051



2. Principal Place of Business 7800 W. Oakland Park Blvd. Suite, Apt. #, etc. Suite B 304 City & State Sunrise, Florida Zip 33351 Country Broward	3. Mailing Address 7800 W. Oakland Park Blvd. Suite, Apt. #, etc. Suite B 304 City & State Sunrise, Florida Zip 33351 Country Broward
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07072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0982344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, MICHELLE A 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7800 W. Oakland Park Blvd. Suite B 304 City Sunrise FL Zip Code 33351
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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 Michelle A. Smith DATE 7/7/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Michelle A. Smith Attorney/President 7800 W. Oakland Park Blvd. Ste B304 Sunrise, FL 33351	<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
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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

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: Michelle A. Smith DATE 7/7/05 (954) 572-4662

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

ATTACHMENT

36010051

**Smith Law Group, LLC.**  
**7800 W. Oakland Park Blvd.**  
**Suite B304**  
**Sunrise, FL 33351**  
**(954) 572-4662 telephone**  
**(954) 748-0611 telefax**

July 7, 2005

Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

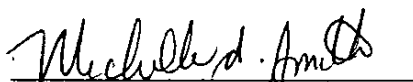
Re: Smith Law Group, LLC  
FEI # 20-0982344  
Document # EO4000024317

Dear Sir/ Madam,

I received a Notice of Intent to Dissolve, and was told that it was because I had not filled out paragraph 9 of the annual report. Enclosed please find a copy of the annual report. Please note that I have a change of address. I had already filed the report and paid the \$55.00 fee back in May, and I verified that you have the funds.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

  
MICHELLE A. SMITH