

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036435

FILED
Apr 24, 2009
Secretary of State

Entity Name: SMITH ENTERPRISES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3645 OKEECHOBEE CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

3645 OKEECHOBEE CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 16-1699927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKMAN, KEVIN
3645 OKEECHOBEE CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, JOSHUA
Address: 3645 OKEECHOBEE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: SMITH, MICHELLE B
Address: 3645 OKEECHOBEE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA M SMITH

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date