

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90067 006 ****50.00

DOCUMENT # L0400050804

1. Entity Name
Smith Family LLC



DO NOT WRITE IN THIS SPACE

20066606

2. Principal Place of Business
7128 Devonshire Road
Suite, Apt. #, etc.

3. Mailing Address
7128 Devonshire Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Alexandria VA
Zip
22307
Country
USA

City & State
Alexandria VA
Zip
22307
Country
USA

4. FEI Number
541827073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Madeline Toolan
Street Address (P.O. Box Number is Not Acceptable)
2726 Newmarket Road
City
Tallahassee **FL** Zip Code
32309

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Phillip D Smith Sr MGRM
7128 Devonshire Rd
Alexandria Va 22307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mary S Smith MCRM
7128 Devonshire Rd
Alexandria, Va 22307

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-8-05 703 660-9053
Date Daytime Phone #

CR2E083B (12/02)