



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L04000065668 1. Entity Name SMOAK DEVELOPMENT ONE, LLC |  |
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| Principal Place of Business 8386 AUSTIN ROAD MELROSE, FL 32666 | Mailing Address 8386 AUSTIN ROAD MELROSE, FL 32666 |
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DO NOT WRITE IN THIS SPACE


01122007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-1831523 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES J JR
420 SOUTH LAWRENCE
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

1000000589716
01/19/07-80027-009 50.00

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SMOAK, KIMBERLY MCRAE 8386 AUSTIN ROAD MELROSE, FL 32666 |
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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 *Kimberly M SMOAK* **Kimberly M SMOAK** **1/12/07** **352 4755718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #