

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078954

FILED
Feb 18, 2009
Secretary of State

Entity Name: LLL SMITH, LLC

Current Principal Place of Business:

P.O. BOX 3531
LAKELAND, FL 33802 US

New Principal Place of Business:

1927 S. FLORIDA AV.
LAKELAND, FL 33803 US

Current Mailing Address:

P.O. BOX 3531
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 20-1807389 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, LINDA S
2306 BUCKINGHAM AVE
LAKELAND, FL 33803 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: MGRM () Delete
Name: THOMAS, LIMDA S
Address: 2306 BUCKINGHAM AVE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGRM () Delete
Name: SMITH, LARRY D
Address: 89 MEL LAWN DR
City-St-Zip: FT THOMAS, KY 41075 US

Title: MGRM () Delete
Name: YORK, LAURA S
Address: 7713 NW 42ND AVE
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

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

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: LINDA S. THOMAS

PRES

02/18/2009

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