

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085593

Entity Name: SMITHERS LAND L.L.C.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

2151 WELLS AVE.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2151 WELLS AVE.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-1933030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITHERS, ROBERT
2151 WELLS AVE.
SARASOTA, FL 34232 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: SMITHERS, ROBERT
Address: 2151 WELLS AVE.
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: SMITHERS, JASON
Address: 7236 SHEPHERD STREET
City-St-Zip: SARASOTA, FL 34243

Title: MGRM () Delete
Name: SMITHERS, JOSHUA
Address: 4607 NOBLE PLACE
City-St-Zip: PARRISH, FL 34219

Title: MGRM () Delete
Name: ROUNTREE, KRISTEN
Address: 2151 WELLS AVE
City-St-Zip: SARASOTA, FL 34232

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:

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: ROBERT SMITHERS

MGRM

04/26/2009

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