

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90017 041 ****50.00

DOCUMENT # L04000087262

1. Entity Name

CHRISTI SMITH CAREGIVER, LLC



Principal Place of Business

7859 219TH PLACE
LIVE OAK FL 32060

Mailing Address

PO BOX 6144
LIVE OAK FL 32064

2. Principal Place of Business

7859 219th PLACE

Suite, Apt. #, etc.

LIVE OAK FL

3. Mailing Address

P.O. Box 6144

Suite, Apt. #, etc.

~~7859~~ LIVE OAK FL

City & State

City & State

Zip

32060

Country

suwannee

Zip

32064

Country

suwannee

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1997308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRISTI
1502 SOUTH RIVERSIDE DRIVE
NEW SYMRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

Christi Smith

Street Address (P.O. Box Number is Not Acceptable)

7859 219th PLACE

City

LIVE OAK

FL

Zip Code

32060

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

Christi Smith MGRM Christi Smith

5-2-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SMITH, CHRISTI
STREET ADDRESS 7859 219TH PLACE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME SMITH, Christi
STREET ADDRESS 7859 219th PLACE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME --
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Christi Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #