## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000025939

Entity Name: SMITHWELL, LLC

**FILED** Feb 22, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

524 EAST WALDO STREET 1524 E. LIVINGSTON STREET GROVELAND, FL 34736 ORLANDO, FL 32803

**Current Mailing Address: New Mailing Address:** 

524 EAST WALDO STREET P.O. BOX 120981

CLERMONT, FL 34712 GROVELAND, FL 34736 US US

FEI Number: 06-1771352 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ENGLEHARDT, JOHN C 1524 E. LIVINGSTON ST. ORLANDO, FL 32803

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

(X) Change ( ) Addition () Delete

SMITH, CHRISTOPHER K SMITH, CHRISTOPHER K Name: Name: Address: 524 EAST WALDO STREET Address: P.O. BOX 120981 City-St-Zip: GROVELAND, FL 34736 US City-St-Zip: CLERMONT, FL 34712 US

(X) Change ( ) Addition Title: MGR ( ) Delete Title:

Name: CASHWELL, MICHAEL Name: CASHWELL, MICHAEL Address: 9001 OTT WILLIAMS RD. Address: 9001 OTT WILLIAMS RD. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34714

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: CHRISTOPHER SMITH 02/22/2008