

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036017

FILED
Jul 17, 2008
Secretary of State

Entity Name: LEROY SMITH, L.L.C.

Current Principal Place of Business:

1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ
1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 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: MGR () Delete
Name: SHIPMAN, GARY A
Address: 1414 CO HWY 283 SOUTH SUITE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: SHIPMAN, HOLLY
Address: 1414 CO HWY 283 SOUTH SUITE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: SMITH, LEROY
Address: 56 BALLAMORE COVE
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: SMITH, YVONNE
Address: 56 BALLAMORE COVE
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: SANDQUIST, LYLE
Address: 115 SATINWOOD DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: SANDQUIST, SHERRY
Address: 115 SATINWOOD DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SMITH, LEROY
Address: 10309 SALVIA STREET, UNIT 201
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR (X) Change () Addition
Name: SMITH, YVONNE
Address: 10309 SALVIA STREET, UNIT 201
City-St-Zip: CHARLOTTE, NC 28277

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: GARY A. SHIPMAN

MGR

07/17/2008

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