

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90203 042 ****50.00

DOCUMENT # L05000067529

1. Entity Name
SMALLEY & COMPANY, PL



Principal Place of Business
**1517 E HILLCREST STREET
ORLANDO, FL 32803 US**

Mailing Address
**1517 E HILLCREST STREET
ORLANDO, FL 32803 US**

60013309



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3127734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALLEY, CRAIG
1517 E HILLCREST STREET
ORLANDO, FL 32803**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMALLEY & SMALLEY, P.L.
1434 VICKERS LAKE DRIVE
OCOE, FL 34761** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THE SMALLEY GROUP, LLC
2808 CRESCENT LAKE COURT
WINDERMERE, FL 34786** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

Date

Daytime Phone #

Managing Member 2/1/07