2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000091317

Entity Name: DAVID G. SMITH, LLC

Current Principal Place of Business:

4357 LEE ROAD
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

4357 LEE ROAD
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 47-0960622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, RACHEL A
4357 LEE ROAD
MARIANNA, FL 32448 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: SMITH, DAVID G
Address: 4357 LEE ROAD
City-St-Zip: MARIANNA, FL 32448

Title: MGRM ( ) Delete
Name: SMITH, RACHEL A
Address: 4357 LEE RD
City-St-Zip: MARIANNA, FL 32448

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SMITH, JAMIE T
Address: 4372 LEE RD
City-St-Zip: MARIANNA, FL 32448

Title: MGRM ( ) Change (X) Addition
Name: SMITH, MICHAEL D
Address: 2277 REDFERN RD
City-St-Zip: JACKSONVILLE, FL 32207

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: RACHEL A SMITH MGRM 03/20/2009

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