LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L 05000093054 1. Entity Name TODD SmiTH STATEWIDE Builder/ Remobler L.L.C.

SIGNATURE:



FILED Jul 05, 2006 8:00 am Secretary of State 07-05-2006 90105 002 ****50.00

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DO NOT V	VRITE IN THIS		
2. Principal Place of Business	3. Mailing Address	· (() ()	7
5351 AVERY K	d 1,0,130	<u> </u>	
Suite, Apt. #, etc.	Suitē, Apt. #, etc.		CR2E083B (8/05)
0.10	City & State	X /	, 4. FEI Number Applied For
New PORT Riche		RT RICH ey F	1. 42 -168 3200 Not Applicable
34652 Country	34656	Country	5. Certificate of Status Desired Status Desired Fee Required .
		Name	7. Name and Address of Current Registered Agent
	OT MOITE	100	D Smilt
DO M	OT WRITE	Street Address	(P.O. Box Number is Not Acceptable)
IN TH	IS SPACE	535/	AVERY RO
***************************************	IO OI AOL		J ,
		new for	FL Zip Code 50
8. The above named entity submits thi	is statement for the purpose of changin	ig its registered office or registe	red 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.		DATE
		FEE IS \$50.00	
	Make Check Pa	yable to Florida Departme	ent of State
		DUE BY MAY 1	
9. MANA	AGING MEMBERS/MANAGERS		
TITLE MERM		TITLE	
NAME TOUD SMIT	H i	NAME	
NAME TODDS MIT 5351 AVE	Ry Rd _	STREET ADDRESS	
CITY-ST-ZIP NEW PORT	- Richey FL346	52 CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			