

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000098454

1. Entity Name  
WALTER E. & ANNETTE E. SMITH, L.L.C.



Principal Place of Business

109 NORTH A STREET  
PENSACOLA, FL 32501

Mailing Address

109 NORTH A STREET  
PENSACOLA, FL 32501



03272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WALTER  
109 NORTH A STREET  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000874140  
04/10/08-80107-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, GENE
STREET ADDRESS	109 NORTH A STREET
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	MGRM
NAME	SMITH, ANNETTE
STREET ADDRESS	109 NORTH A STREET
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

*Walter E. Smith, Jr.*

SIGNATURE: \_\_\_\_\_

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

03-28-08

Date

850/438-1930

Daytime Phone #