

# **LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

DOCUMENT # **L06000032845**

1. Entity Name

**Smith Ent. LLC**



**FILED**

07 APR 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**564 East Brickyard Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**Box 319**  
Suite, Apt. #, etc.

City & State

**Midway**

City & State

**Midway Fla**

Zip

**32343**

Country

**US**

Zip

**32343**

Country

**Gadsden**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Milo Smith**

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

**564 East Brickyard Rd**

City

**Midway**

**FL**

Zip Code

**32343**

**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

**Milo Smith**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE **MANAGER**  
NAME **Milo Smith**  
STREET ADDRESS **564 East Brickyard Rd**  
CITY-ST-ZIP **Midway Fla 32343**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**000101630870**  
**05/07/07--01005--016 \*\*50.00**

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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.

SIGNATURE:

**Milo Smith**

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

Date

Daytime Phone #