

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032845

Entity Name: SMITH ENT. LLC

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

564 E. BRICKYARD ROAD  
MIDWAY, FL 32343

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 319  
MIDWAY, FL 32343

**New Mailing Address:**

FEI Number: 20-4577704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, MILO  
564 E. BRICKYARD ROAD  
MIDWAY, FL 32343 US

**Name and Address of New Registered Agent:**

SMITH, JENEICE W MRS.  
564 E. BRICKYARD ROAD  
MIDWAY, FL 32343 US

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: JENEICE W. SMITH

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, MILO  
Address: 564 E. BRICKYARD ROAD  
City-St-Zip: MIDWAY, FL 32343

Title: MGRM ( ) Delete  
Name: SMITH, SARAH M  
Address: 564 E. BRICKYARD ROAD  
City-St-Zip: MIDWAY, FL 32343

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, MILO T  
Address: 564 E. BRICKYARD ROAD  
City-St-Zip: MIDWAY, FL 32343

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

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: JENEICE W. SMITH

MRS.

03/26/2009

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