

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039381

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: SMITH MANUFACTURING, LLC

**Current Principal Place of Business:**

C/O JOE A HICKS  
330 FRANKLIN ROAD, SUITE 135A-398  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOE A HICKS  
330 FRANKLIN ROAD, SUITE 135A-398  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 02-0762943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: KEVIN ROBERTS

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: HICKS, JOE A  
Address: 330 FRANKLIN ROAD, SUITE 135A-398  
City-St-Zip: BRENTWOOD, TN 37027

Title: MR ( ) Delete  
Name: GOOCH, MICHAEL N  
Address: 330 FRANKLIN ROAD, SUITE 135A-398  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES:**

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

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: KATHLEEN A. O'DONNELL

MS

02/04/2009

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