

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048083

Entity Name: PETRIE SMITHMAN, LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

5678 FRUITVILLE ROAD STE 6
SARASOTA, FL 34232

New Principal Place of Business:

5678 FRUITVILLE ROAD
SARASOTA, FL 34232

Current Mailing Address:

5678 FRUITVILLE ROAD STE 6
SARASOTA, FL 34232

New Mailing Address:

5678 FRUITVILLE ROAD
SARASOTA, FL 34232

FEI Number: 20-4868941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITHMAN, JOHN
5678 FRUITVILLE ROAD STE 6
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

SMITHMAN, JOHN
5678 FRUITVILLE ROAD
SARASOTA, FL 34232 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: JOHN SMITHMAN

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRIE, WALTER
Address: 170 JENNIFER ROAD STE 320
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGR () Delete
Name: SMITHMAN, JOHN
Address: 5678 FRUITVILLE ROAD STE 6
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SMITHMAN, JOHN
Address: 5678 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34232

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: JOHN SMITHMAN

MGR

02/09/2009

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