


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90130 001 ****93.75
04-09-2008 90130 002 ****50.00

DOCUMENT # L06000072246	
1. Entity Name WILLIAM S SMITH, LLC	

Principal Place of Business 3 PEPPER DRIVE MELBOURNE, FL 32934	Mailing Address 3 PEPPER DRIVE MELBOURNE, FL 32934
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

30003490



03252008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
SMITH, WILLIAM S 3 PEPPER DRIVE MELBOURNE, FL 32934	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WILLIAM S 3 PEPPER DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
SIGNATURE: <i>William S. Smith LLC</i>	Date: <i>4-3-08</i> Daytime Phone #: <i>321-259-7134</i>