

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080473

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** SMITH FAMILY OF BREVARD, LLC

**Current Principal Place of Business:**

183 MEMORY LANE NE  
PALM BAY, FL 32902 US

**New Principal Place of Business:**

**Current Mailing Address:**

183 MEMORY LANE NE  
PALM BAY, FL 32902 US

**New Mailing Address:**

**FEI Number:** 20-8976494      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SMITH, DONALD J  
183 MEMORY LANE NE  
PALM BAY, FL 32907 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SMITH, DAVID L  
**Address:** 1325 OAK HARBOR LN  
**City-St-Zip:** MALABAR, FL 32960 US

**Title:** MGRM  
**Name:** SMITH, DANIEL P  
**Address:** 373 1ST TEXAS RD  
**City-St-Zip:** ST. GEORGE, SC 29477 US

**Title:** MGRM  
**Name:** SMITH, DONALD J  
**Address:** 183 MEMORY LANE NE  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** MGRM  
**Name:** SMITH, LAURIE A  
**Address:** 160 TURK RD SW  
**City-St-Zip:** PALM BAY, FL 32908 US

**Title:** MGRM  
**Name:** PHILPOTT, LINDA S  
**Address:** 100 KYLE COURT NE  
**City-St-Zip:** PALM BAY, FL 32907 US

I hereby 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:** DONALD SMITH

MR.

03/17/2010

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