

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000082528

1. Entity Name
OI SMITH, LLC



Principal Place of Business
4407 22ND AVENUE WEST
BRADENTON, FL 34209

Mailing Address
4407 22ND AVENUE WEST
BRADENTON, FL 34209



01132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5408274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TIMOTHY M
4407 22ND AVENUE WEST
BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, TIMOTHY M
STREET ADDRESS	4407 22ND AVENUE WEST
CITY- ST- ZIP	BRADENTON, FL 34209
TITLE	MGRM
NAME	SMITH, CLAUDIA J
STREET ADDRESS	32955 PERTH ST.
CITY- ST- ZIP	LIVONA, MI 48154
TITLE	MGRM
NAME	MADSON, KRISTINE M
STREET ADDRESS	1728 S. WALNUT DR.
CITY- ST- ZIP	WARSAW, IN 46580
TITLE	MGRM
NAME	ENDERBY, JILL A
STREET ADDRESS	36536 HEATHERTON DR.
CITY- ST- ZIP	FARMINGTON, MI 48335
TITLE	MGRM
NAME	SMITH, KEVIN P
STREET ADDRESS	1743 WILLOWOOD RD.
CITY- ST- ZIP	ROCHESTER HILLS, MI 48307
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000895995
04/24/08-80090-021 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-08 941-761-3832

Date

Daytime Phone #