2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 05, 2008 8:00 am
Secretary of State
01-31-2008 90068 014 ***138.75

DOCUMENT # L07000023087

1. Entity Name
SMITH FAMILY, LLC

Principal Place of Business	Mailing Address
215 HOLLYWOOD BLVD. NORTHWEST FT. WALTON BEACH FL 32548	215 HOLLYWOOD BLVD. NORTHWEST FT. WALTON BEACH FL 32548

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		Post Office Box 1148	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
		Fort Walton Beach, FL	
Zip	Country	Zip	Country
		32549	Okaloosa

4. FEI Number: 20-8540368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DARYL E 215 HOLLYWOOD BLVD. NORTHWEST FT. WALTON BEACH FL 32548	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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, DARYL E		NAME		
STREET ADDRESS	215 HOLLYWOOD BLVD. NORTHWEST		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________________ 1/23/08 850-243-4812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Daryl E. Smith -President