

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033760

FILED  
Aug 19, 2008  
Secretary of State

Entity Name: MICHAEL SMITH LLC

**Current Principal Place of Business:**

2320 SW 87 WAY  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

1680 NE 191ST.  
UNIT 404-2  
NORTH MIAMI BEACH, FL 33179 US

**Current Mailing Address:**

2320 SW 87 WAY  
MIRAMAR, FL 33025 US

**New Mailing Address:**

1680 NE 191ST.  
UNIT 404-2  
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 80-0169811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SMITH, MICHAEL  
2320 SW 87 WAY  
MIRAMAR, FL 33025 US

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

SMITH, MICHAEL  
1680 NE 191 ST.  
UNIT 404-2  
NORTH MIAMI BEACH, FL 33179 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: MICHAEL SMITH

08/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, MICHAEL  
Address: 2320 SW 87 WAY  
City-St-Zip: MIRAMAR, FL 33025 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SMITH, MICHAEL  
Address: 1680 NE 191 ST. UNIT 404-2  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: MICHAEL SMITH

MGR

08/19/2008

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