

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042347

FILED
Mar 24, 2009
Secretary of State

Entity Name: 1515 W. SMITH ST., LLC

Current Principal Place of Business:

315 N.W. 138TH TERRACE
JONESTVILLE, FL 32669

New Principal Place of Business:

Current Mailing Address:

315 N.W. 138TH TERRACE
JONESTVILLE, FL 32669

New Mailing Address:

FEI Number: 20-8909535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, SOUTH & MILHAUSEN, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
1000 LEGION PLACE, SUITE 1200
ORLANDO, FL 32801 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: MGR () Delete
Name: STOKES, ANNE V
Address: 315 N.W. 138TH TERRACE
City-St-Zip: JONESTVILLE, FL 32669

Title: MGR () Delete
Name: POCHUREK, JAMES
Address: 315 N.W. 138TH TERRACE
City-St-Zip: JONESTVILLE, FL 32669

Title: MGR () Delete
Name: STOKES, JOHN
Address: 315 N.W. 138TH TERRACE
City-St-Zip: JONESTVILLE, FL 32669

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNE V. STOKES

MGR

03/24/2009

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