

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085976

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** P.A. SMITH INVESTMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

26740 ROBERTS RANCH ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

26740 ROBERTS RANCH ROAD  
IMMOKALEE, FL 34143

**Current Mailing Address:**

P.O. BOX 1050  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 26-0792498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CALVIN P  
26740 ROBERTS RANCH ROAD  
IMMOKALEE, FL 34142 US

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

SMITH, CALVIN P  
26740 ROBERTS RANCH ROAD  
IMMOKALEE, FL 34143 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/18/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, CALVIN P  
Address: 26740 ROBERTS RANCH ROAD  
City-St-Zip: IMMOKALEE, FL 34143

Title: MGR  
Name: SMITH, ADELE E  
Address: 18140 RIVERCHASE CT  
City-St-Zip: ALVA, FL 33920

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: C. PERRY SMITH

MGR

04/18/2010

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