

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101558

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** JAMES N. SMITH, AICP, DEVELOPMENT SERVICES, LLC

**Current Principal Place of Business:**

414 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

414 FLORIDA AVENUE  
32169  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

414 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

414 FLORIDA AVENUE  
32169  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, JAMES N  
414 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169 US

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

SMITH, JAMES N  
414 FLORIDA AVENUE  
32169  
NEW SMYRNA BEACH, FL 32169 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: JAMES N. SMITH

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: SMITH, JAMES N  
Address: 414 FLORIDA AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: JAMES N. SMITH

MR.

02/16/2011

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