

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037646

Entity Name: SMITH'S APIARIES LLC

FILED
Jul 19, 2009
Secretary of State

Current Principal Place of Business:

8331 NORTH CAREY ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

8331 NORTH CAREY ROAD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 22-3978573 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, DAVID
Address: 8331 NORTH CAREY ROAD
City-St-Zip: LITHIA, FL 33547

Title: MGR () Delete
Name: SMITH, LINDA
Address: 8331 NORTH CAREY ROAD
City-St-Zip: LITHIA, FL 33547

Title: S () Delete
Name: SMITH, LINDA
Address: 8331 NORTH CAREY ROAD
City-St-Zip: LITHIA, FL 33547

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: DAVID SMITH

MGR

07/19/2009

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