

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047076

FILED
Mar 02, 2009
Secretary of State

Entity Name: MELTON SMITH GARDEN ARTS LLC.

Current Principal Place of Business:

118 RAZORBACK RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

118 RAZORBACK RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 26-2634469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELTON, JOHN
118 RAZORBACK RD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SMITH, BETSY
118 RAZORBACK RD
CRAWFORDVILLE, FL 32327 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: BETSY SMITH

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MELTON, JOHN
Address: 118 RAZORBACK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: SMITH, BETSY
Address: 118 RAZORBACK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete
Name: MELTON, JOHN S SR
Address: 118 RAZORBACK RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, BETSY
Address: 118 RAZORBACK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: BETSY SMITH

MGRM

03/02/2009

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