

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032408

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** SMITH, IVEY & FRONRATH, P.L.

**Current Principal Place of Business:**

515 N. FLAGLER DRIVE, SUITE 1000  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 N. FLAGLER DRIVE, SUITE 1000  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 26-4591991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, SCOTT B  
165 SEDONA WAY  
PALM BEACH GARDENS, FL 33418 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:** MGRM  
**Name:** SMITH, SCOTT B  
**Address:** 165 SEDONA WAY  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

**Title:** MGRM  
**Name:** IVEY, LANCE C  
**Address:** 10542 VERSAILLES BOULEVARD  
**City-St-Zip:** WELLINGTON, FL 33449 US

**Title:** MGRM  
**Name:** FRONRATH, TODD  
**Address:** 9010 ALEXANDRA CIRCLE  
**City-St-Zip:** WELLINGTON, FL 33414 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:** SCOTT B. SMITH

MGRM

01/20/2012

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