

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112809

Entity Name: SMITH - MCDOWELL, LLC

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

336 W. PEABODY CIRCLE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 505  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 27-1595745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, NEWELL A  
336 W. PEABODY CIRCLE  
AVON PARK, FL 33825 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, NEWELL A TRUSTEE  
Address: 336 W. PEABODY CIRCLE  
City-St-Zip: AVON PARK, FL 33825

Title: D  
Name: SMITH, JAMES H  
Address: 318 CARMELA CIRCLE  
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D  
Name: MCDOWELL, MARY C  
Address: 1132 PONDS ROAD  
City-St-Zip: FROSTPROOF, FL 33843 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: NEWELL A. SMITH

MGRM

03/11/2010

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