

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114291

Entity Name: SMITHERS INSURANCE LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4850 SW 91 TERR  
STE P102  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

4010-A NEWBERRY RD  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4010-A NEWBERRY RD.  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 27-1467379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITHERS, CHRISTOPHER  
4850 SW 91 TERR  
STE P102  
GAINESVILLE, FL 32608 US

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

SMITHERS, CHRISTOPHER  
4010-A NEWBERRY RD  
GAINESVILLE, FL 32607 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: CHRISTOPHER SMITHERS

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITHERS, CHRISTOPHER  
Address: 4010-A NEWBERRY RD  
City-St-Zip: GAINESVILLE, FL 32607

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: CHRISTOPHER SMITHERS

MGRM

04/27/2010

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