

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000058107

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** SMITH & ASSOCIATES INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

4007 SW PORT ST. LUCIE BLVD., STE 7  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

4007 SW PORT ST. LUCIE BLVD.  
SUITE 7  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

4007 SW PORT ST. LUCIE BLVD., STE 7  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

4007 SW PORT ST. LUCIE BLVD.  
SUITE 7  
PORT ST. LUCIE, FL 34953

**FEI Number:** 27-2779155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ELIAS  
4007 SW PORT ST. LUCIE BLVD., STE 7  
PORT ST. LUCIE, FL 34953 US

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

SMITH, ELIAS  
4007 SW PORT ST. LUCIE BLVD.  
SUITE 7  
PORT ST. LUCIE, FL 34953 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: \_\_\_\_\_

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, ELIAS  
Address: 2751 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: SMITH, CORINA P  
Address: 2751 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

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: ELIAS SMITH

MGR

04/30/2011

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