

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110014

**Entity Name:** VALERIE SMITH DESIGNS LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

350 GULF OF MEXICO DRIVE #233C  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KATHRYN M. WEBER, CPA  
PO BOX 4363  
ANNAPOLIS, MD 21403

**New Mailing Address:**

**FEI Number:** 45-3978929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THACKRAY, VALERIE S  
350 GULF OF MEXICO DRIVE #233C  
LONGBOAT KEY, FL 34228 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:** THACKRAY, VALERIE S  
**Address:** 350 GULF OF MEXICO DRIVE #233C  
**City-St-Zip:** LONGBOAT KEY, FL 34228

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: VALERIE S. THACKRAY

MRS.

01/05/2012

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