

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000000002**1. Entity Name
SMITH & SAWYER, L.L.C.

Principal Place of Business 634 OCEAN ROAD VERO BEACH 32963	FL	Mailing Address P.O. BOX 8063 VERO BEACH 32963	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 634 OCEAN ROAD Suite, Apt. #, etc. City & State VERO BEACH FL
Zip Country	Zip Country

4. FEI Number
65-0807962
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH ROBERT L
634 OCEAN ROAD

VERO BEACH FL
32963 US7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ DATE **01/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWYER PATRICA L 634 OCEAN ROAD VERO BEACH FL 32963 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH ROBERT L 634 OCEAN ROAD VERO BEACH FL 32963 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Patricia L. Sawyer MGR 01/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)