

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001628

1. Entity Name
SMITH EQUIPMENT, L.L.C.



Principal Place of Business
2400 S FEDERAL HWY
220
STUART, FL 34994

Mailing Address
2400 S FEDERAL HWY
220
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State

City & State

Zip

Country

Zip

Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0860057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEPHEN W
2400 S FEDERAL HWY
STE 220
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

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

Suite 210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, STEPHEN W
2400 S FEDERAL HWY, STE 220
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
change suite number only to 210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~SMITH, STEPHEN W~~
~~2400 S FEDERAL HWY, STE 220~~
~~STUART, FL 34994~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~SMITH, STEPHEN W~~
~~2400 S FEDERAL HWY, STE 220~~
~~STUART, FL 34994~~

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-16-04

Date

772 223 0037

Daytime Phone #

FILED

2004 MAR 23 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

