

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90107 028 ****50.00

DOCUMENT # L99000000048

1. Entity Name

LIDOSMITH, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 John Ringling Blvd.

Suite, Apt. #, etc.

3. Mailing Address

c/o Pawling Corporation

Suite, Apt. #, etc.

157 Charles Colman Blvd.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Pawling, NY

4. FEI Number

59-3561637

Applied For

Not Applicable

Zip

34236-1505

Country

USA

Zip

12564

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLASP, Inc.

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

3001 Tamiami Trail North, 4th Floor

City

Naples,

FL

Zip Code 34103

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGR
Smith, Stephen
157 Charles Colman Blvd.
Pawling, NY 12564

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGR
Smith, Roger
157 Charles Colman Blvd.
Pawling, NY 12564

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGR
Busby, Valerie
157 Charles Colman Blvd.
Pawling, NY 12564

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

Roger W. Smith

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

Date

Daytime Phone #

CR2E083B (12/01)