

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000048

1. Entity Name
LIDOSMITH, LLC



Principal Place of Business
**700 JOHN RINGLING ROAD
SARASOTA, FL 34236-1505**

Mailing Address
**C/O PAWLING CORPORATION
157 CHARLES COLEMAN BLVD.
PAWLING, NY 12564**



03192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3561637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLASP, INC.
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, STEPHEN
157 CHARLES COLEMAN BLVD.
PAWLING, NY 12564**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, ROGER
157 CHARLES COLEMAN BLVD.
PAWLING, NY 12564**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BUSBY, VALERIE
157 CHARLES COLEMAN BLVD.
PAWLING, NY 12564**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000147209
05/03/04-80096-023 50.00

**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)(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:

Roger W. Smith

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

4/23/04

Date

845 855-1000

Daytime Phone #