

2000 UNIFORM BUSINESS REPORT (UBR)

0006702 AF

DOCUMENT # L99000002200

1. Entity Name
CARROLL W. SMITH, L.L.C.

FILED

00 JAN 13 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

16709 AMBER LANE
WESTON FL 33331

Mailing Address

16709 AMBER LANE
WESTON FL 33331-3165

2. Principal Place of Business

16709 AMBER LAKE
Suite, Apt. #, etc.

3. Mailing Address

16709 AMBER LAKE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33331

Country
USA

Zip
33331

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CARROLL W
16709 AMBER LANE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name SMITH, CARROLL W.
Street Address (P.O. Box Number is Not Acceptable)
16709 AMBER LAKE
City WESTON FL Zip Code 33331

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME SMITH, CARROLL W
STREET ADDRESS 16709 AMBER LANE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-6-00

954-385-5625