

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90066 033 ***138.75

DOCUMENT # L99000003823	
1. Entity Name SMEVE, SMEVE, SMASH & SMEVE, L.C.	

Principal Place of Business ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257	Mailing Address ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)	
4. FEI Number 59-3586501	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
-SMITH, V. HAWLEY JR ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257

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

SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR SMITH, V. HAWLEY JR ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNGEY, MARY LOUISE 12844 BAY PLANTATION DR. JACKSONVILLE FL 32223 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, EMILY B 2767 FOREST CIRCLE JACKSONVILLE FL 32257 ☐ 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	V TAYLOR C. DAY ONE SAN JOSE PL. #7 JACKSONVILLE, FL. 32257 ☐ 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 exemptions contained in Section 119, 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: *Mary Louise Dungey* **04/25/08** **904-268-9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #