## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000003823

2767 FOREST CIRCLE

ONE SAN JOSE PL #7

DAY, TAYLOR C

JACKSONVILLE, FL 32257

JACKSONVILLE, FL 32257

(X) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: SMEEVE, SMEEVE, SMASH & SMEEVE, L.C.

FILED Apr 14, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	JOSE PLACE, VILLE, FL 322		SUITE 7	ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE, FL 32257		
Current M	ailina Addroca	••		New Mailing Address:		
Current Mailing Address:				New Maining Address.		
ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE, FL 32257			SUITE 7	ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE, FL 32257		
FEI Number: 59-3586501		FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ONE SAN . SUITE 7	HAWLEY JR JOSE PLACE VILLE, FL 322	57 US				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered	d office or registered agent, or both	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agen	t	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	SMITH, V. HAWL	PLACE, SUITE 7	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () DUNGEY, MARY 12844 BAY PLAI JACKSONVILLE	NTATION DR.	Title: Name: Address: City-St-Zip:	V DAY, TAYLO 1155 EUTAV JACKSONVI		
Title: Name:	ST () SMITH, EMILY B	Delete 3	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: TAYLOR C DAY V 04/14/2009