

2001 UNIFORM BUSINESS REPORT (UBR)

0031298 AF

DOCUMENT # **L99000004059**

1. Entity Name
SMITH HOTELS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -2 PM 2:05

Principal Place of Business

**4645 SOCRUM LOOP
LAKELAND FL 33809**

Mailing Address

**C/O FRADKIN & FRADKIN
14044 VENTURE BLVD. #301
SHERMAN OAKS CA 91423**

2. Principal Place of Business

3. Mailing Address

SEE ABOVE

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

4. FEI Number

59-3586078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RAYMOND H
4645 SOCRUM LOOP
LAKELAND FL 33809**

Name

N/A

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMITH, RAYMOND H
4645 SOCRUM LOOP
LAKELAND FL 33809**

☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Raymond H Smith

2-21-01 941-828-1411

CR2E083 (11/00)