

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006447

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** SMOAK TIMBER, LLC

**Current Principal Place of Business:**

1025 COUNTY ROAD 17-N  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**Current Mailing Address:**

1025 COUNTY ROAD 17-N  
LAKE PLACID, FL 33852

**New Mailing Address:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**FEI Number:** 65-0952181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMOAK, EDWARD L  
1025 COUNTY ROAD 17-N  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

SMOAK, EDWARD L  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852 US

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:**

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SMOAK, EDWARD L TRUSTEE  
**Address:** 1025 COUNTY ROAD 17-N  
**City-St-Zip:** LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SMOAK, EDWARD L TRUSTEE  
**Address:** 1025 COUNTY ROAD 17 NORTH  
**City-St-Zip:** LAKE PLACID, FL 33852

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.

**SIGNATURE:** EDWARD L. SMOAK

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date