

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000001907

1. Entity Name
LS PINELLAS COUNTY, LLC



Principal Place of Business

159 S. MAIN STREET, SUITE 600
SUITE 600
AKRON, OH 44308

Mailing Address

159 S. MAIN STREET, SUITE 600
SUITE 600
AKRON, OH 44308



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2610588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BMD FLORIDA SERVICE, LLC
76 S. LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME 500-SMC, LLC
STREET ADDRESS 159 S. MAIN STREET, SUITE 500
CITY-ST-ZIP AKRON, OH 44308

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U00000769233
07/17/07-80004-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joseph R. Weber, VP of 500-SMC, LLC, Manager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #