

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR -9 AM 9:16

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # M97000000003**

THE SMITH FAMILY COMPANY, L.L.C.  
7128 DEVONSHIRE ROAD  
ALEXANDRIA VA 22307

1a. Principal Place of Business Address

7128 DEVONSHIRE ROAD  
ALEXANDRIA VA 22307

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

12/30/1996

3a. State of Formation

VA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

54-1827073

☒ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

03/30/1998

6. Certificate of Status Desired

☐ 800-2-888-8888 Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SPIVEY, DRUCILLA  
2205 ASHLEY COURT  
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when accepting)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SMITH, PHILLIP D

7128 DEVONSHIRE ROAD

ALEXANDRIA VA

600002800176--0  
-03/09/99--01095--010  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-23-99

703 660-9053