

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90210 016 \*\*\*\*\*50.00

**DOCUMENT # M97000000003**

1. Entity Name

THE SMITH FAMILY COMPANY, L.L.C.



Principal Place of Business

Mailing Address

7128 DEVONSHIRE ROAD  
ALEXANDRIA VA 22307

7128 DEVONSHIRE ROAD  
ALEXANDRIA VA 22307

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

54-1827073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH TOOLAN, E. MADELINE~~  
~~2726 NEW MARKET CIRCLE~~  
~~TALLAHASSEE FL 32308~~

Name Phillip D Smith Jr

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

2942 FERNANDINA ROAD

FERNANDINA Beach

City

FL

32034

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Phillip D Smith Jr

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

(NOTE: Registered Agent signature required when reinstating)

2/9/07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SMITH, PHILLIP D  
7128 DEVONSHIRE ROAD  
ALEXANDRIA VA 22307 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Phillip D Smith Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1-30-07

Daytime Phone #