

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021370

Entity Name: SMITHFIELD PLAZA, LLC

Current Principal Place of Business:

2221 SE OCEAN BLVD
SUITE 200
STUART, FL 34996

Current Mailing Address:

P.O. BOX 2393
STUART, FL 34995 US

FEI Number: 03-0377601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA COMMERCIAL ENTERPRISES, LLC
309 SE OSCEOLA STREET
SUITE 104
STUART, FL 34994 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: ALEX AYDELOTTE

03/04/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WENGLER, EDWARD MD
Address 2221 SE OCEAN BLVD
SUITE 200
City-State-Zip: STUART FL 34996

Title MGRM
Name SWEET, MICHAEL MD
Address 2221 SE OCEAN BLVD
SUITE 100
City-State-Zip: STUART FL 34996

Title MGRM
Name TAPPER, S. SCOTT MD
Address 2169 SE OCEAN BLVD.
City-State-Zip: STUART FL 34996

Title MGRM
Name SABOL, STUART J. MD
Address 2221 SE OCEAN BLVD.
SUITE 300
City-State-Zip: STUART FL 34996

Title MGRM
Name AFSHAR, JOHN MD
Address 509 SE RIVERSIDE DRIVE
SUITE 203
City-State-Zip: STUART FL 34994

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART SABOL

MGRM

03/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date