

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023087

**Entity Name:** SMITH FAMILY, LLC

**Current Principal Place of Business:**

215 HOLLYWOOD BLVD. NW  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

PO BOX 680707  
FORT PAYNE, AL 35968 US

**FEI Number:** 20-8540368

**Certificate of Status Desired:** No

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

SMITH, DARYL E  
215 HOLLYWOOD BLVD. NORTHWEST  
FT. WALTON BEACH, FL 32548 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SMITH, DARYL E  
Address 215 HOLLYWOOD BLVD. NORTHWEST  
City-State-Zip: FT. WALTON BEACH FL 32548

Title FINANCIAL ASSISTANT  
Name HARRIS, JOHNNA  
Address PO BOX 680707  
City-State-Zip: FORT PAYNE AL 35968

*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:** JOHNNA HARRIS

**AUTHORIZED MEMBER**

**03/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date