

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040312

**Entity Name:** MURIEL B. SMITH INVESTMENTS, LLC

**Current Principal Place of Business:**

505 S FLAGLER DRIVE  
STE 900  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

505 S FLAGLER DRIVE  
STE 900  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 58-2290708

**Certificate of Status Desired:** No

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

MANGAN, PATRICK E  
505 S FLAGLER DRIVE  
STE 900  
WEST PALM BEACH, FL 33401 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, CHARLES W  
Address 575 WINTURFORD DR.  
City-State-Zip: WEST CHESTER PA 19382

Title MGR  
Name COUGHLIN, GAIL  
Address 2472 GRANDIN RD.  
City-State-Zip: CINCINNATI OH 45208

Title MGR  
Name SMITH, MICHAEL  
Address 1185 PARK AVE., AP'T. 15E  
City-State-Zip: NEW YORK NY 10128

*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:** GAIL COUGHLIN

**MANAGER**

**04/23/2019**

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

\_\_\_\_\_  
Date