

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045645

**Entity Name:** GH SMITH ASSOCIATES, LLC

**Current Principal Place of Business:**

477 S. ROSEMARY AVE., SUITE 202  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

477 S. ROSEMARY AVE., SUITE 202  
WEST PALM BEACH, FL 33401

**FEI Number:** 45-4954687

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 MGRM  
Name AVON, ROBERT  
Address 477 S. ROSEMARY AVE., SUITE 202  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name AVON, RICHARD  
Address 477 S. ROSEMARY AVE., SUITE 202  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name AVON, KENNETH  
Address 477 S. ROSEMARY AVE., SUITE 202  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name AVON, WILLIAM  
Address 477 S. ROSEMARY AVE., SUITE 202  
City-State-Zip: WEST PALM BEACH FL 33401

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT AVON

**PRESIDENT**

**02/19/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date