

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000143280

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC5199172640**

**Entity Name:** SMITH ACCOUNTING & IT SOLUTIONS, LLC

**Current Principal Place of Business:**

1311 N. WESTSHORE BOULEVARD, SUITE 205  
TAMPA, FL 33607

**Current Mailing Address:**

1311 N. WESTSHORE BOULEVARD, SUITE 205  
TAMPA, FL 33607 US

**FEI Number:** 47-1822567

**Certificate of Status Desired:** No

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

SMITH, ADAM D  
1311 N. WESTSHORE BOULEVARD, SUITE 205  
TAMPA, FL 33607 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           MANAGER  
Name           SMITH, ADAM D  
Address        1311 N. WESTSHORE BOULEVARD,  
                  SUITE 205  
City-State-Zip: TAMPA FL 33607

Title           AUTHORIZED REPRESENTATIVE  
Name           FLUNO, MICHAEL JOHN  
Address        1311 N. WESTSHORE BOULEVARD,  
                  SUITE 205  
City-State-Zip: TAMPA FL 33607

Title           AUTHORIZED REPRESENTATIVE  
Name           CABRERA, ANIBAL DAVID  
Address        1311 N. WESTSHORE BOULEVARD,  
                  SUITE 205  
City-State-Zip: TAMPA FL 33607

*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:** MICHAEL J FLUNO

**COO**

**04/30/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date