

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000204036

**Entity Name:** KATHLEEN A. SMITH, LLC

**Current Principal Place of Business:**

209 HARRISON STREET  
TITUSVILLE, FL 32780

**Current Mailing Address:**

PO BOX 2646  
TITUSVILLE, FL 32781 US

**FEI Number:** 81-0815401

**Certificate of Status Desired:** No

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

SMITH, KATHLEEN A  
209 HARRISON STREET  
TITUSVILLE, FL 32780 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:** KATHLEEN A. SMITH

04/03/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SMITH, KATHLEEN A  
Address        209 HARRISON STREET  
City-State-Zip: TITUSVILLE FL 32780

*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:** KATHLEEN SMITH

AMBR

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date