

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000213170

Entity Name: J.A.W. SMITH COMPANY, LLC**Current Principal Place of Business:**827 ARLINGTON AVE N
ST PETERSBURG, FL 33701**Current Mailing Address:**PO BOX 1509
ST PETERSBURG, FL 33731 US**FEI Number:** 81-4508752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, BRIAN C
827 ARLINGTON AVE N
ST PETERSBURG, FL 33701 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:** BRIAN SMITH

03/11/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THOMPSON, MARNIE C
Address PO BOX 1509
City-State-Zip: ST PETERSBURG FL 33731

Title MGR
Name SMITH, BRIAN C
Address PO BOX 1509
City-State-Zip: ST PETERSBURG FL 33731

Title MGR
Name SMITH, JUSTIN
Address PO BOX 1509
City-State-Zip: ST PETERSBURG FL 33731

Title AMBR
Name SMITH, BRIAN C
Address PO BOX 1509
City-State-Zip: ST PETERSBURG FL 33731

Title AMBR
Name THOMPSON, MARNIE C
Address PO BOX 1509
City-State-Zip: ST PETERSBURG FL 33731

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: BRIAN C SMITH

OWNER

03/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date