

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

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

SMITH, BRIAN C  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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

10/26/2017

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 SMITH

**OWNER**

10/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date