

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000145371

**Entity Name:** SMITH SURVEYING GROUP, LLC

**Current Principal Place of Business:**

2521 GLADE SPRINGS DRIVE  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2521 GLADE SPRINGS DRIVE  
JACKSONVILLE, FL 32246 US

**FEI Number:** 84-2090369

**Certificate of Status Desired:** Yes

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

MILLER, PATTI A  
197 EDGEWATER BRANCH DRIVE  
ST. JOHNS, FL 32259 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           | MGR                      | Title           | AR                         |
| Name            | SMITH, THOMAS J          | Name            | MILLER, PATTI A            |
| Address         | 2521 GLADE SPRINGS DRIVE | Address         | 197 EDGEWATER BRANCH DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32246    | City-State-Zip: | ST. JOHNS FL 32259         |

*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:** PATTI MILLER

**REGISTERED AGENT**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date