

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

12 APR 18 AM 8:22

PK



DOCUMENT # L07000031369

1. Entity Name
BARRIEFIELD LLC

Principal Place of Business 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134	Mailing Address 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102012 Chg-LLC CR2E083 (12/11)

4. FEI Number 20-1203235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DE GOYTISOLO, AGUSTIN ESQ. 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2012 Fee will be \$538.75	PK	Make check payable to Florida Department of State
--	----	--

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	300229057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANNETTI, ANDRES		NAME	04/18/12--01013--013	**138.75
STREET ADDRESS	305 LEXINGTON AVENUE, #7-C		STREET ADDRESS		
CITY- ST- ZIP	NEW YORK, NY 10016		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANNETTI, NICOLAS F		NAME		
STREET ADDRESS	APARTADO POSTAL 100692		STREET ADDRESS		
CITY- ST- ZIP	BOGOTA, COLOMBIA.		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ DATE: 04/16/12 E-MAIL ADDRESS: esd@barriefield.com

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE