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. 01/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000136575 Entity Name: ANFIELD SERVICES LLC

Current Principal Place of Business:

1014 SE SPINNAKER AVENUE PORT ST LUCIE, FL 34983

Current Mailing Address:

1014 SE SPINNAKER AVENUE PORT ST LUCIE. FL 34983

FEI Number: 46-4040940

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MORGAN, NEIL 1014 SE SPINNAKER AVE PORT ST LUCIE, FL 34983 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:

Authorized Person(s) Detail :			
Title	MGRM	Title	VP
Name	MORGAN, NEIL	Name	MORGAN, ALAN K
Address	1014 SE SPINNAKER AVE	Address	1014 SE SPINNAKER AVENUE
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 34983

SIGNATURE: NEIL MORGAN MGRM

Certificate of Status Desired: No

FILED Jan 18, 2015 Secretary of State CC8050823580

Date

Date