

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MORGAN, NEIL  
Address 1014 SE SPINNAKER AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title VP  
Name MORGAN, ALAN K  
Address 1014 SE SPINNAKER AVENUE  
City-State-Zip: PORT ST LUCIE FL 34983

Title MANAGER  
Name MORGAN, MAYA ROSE  
Address 1014 SE SPINNAKER AVENUE  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** NEIL MORGAN

**REGISTERED AGENT**

**04/23/2019**

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

\_\_\_\_\_  
Date