

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045566

**Entity Name:** BARFIELD REAL ESTATE

**Current Principal Place of Business:**

18115 NW 7TH PLACE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

18115 NW 7TH PLACE  
MIAMI, FL 33269 US

**FEI Number:** 83-3689582

**Certificate of Status Desired:** No

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

BARFIELD, KIMBERLY K  
18115 NW 7TH PLACE  
MIAMI GARDENS, FL 33169 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:** KIMBERLY BARFIELD

03/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BARFIELD, KIMBERLY K  
Address        18115 NW 7TH PLACE  
City-State-Zip: MIAMI GARDENS FL 33169

Title           CEO  
Name           BARFIELD , KIMBERLY K  
Address        18115 NW 7TH PLACE  
City-State-Zip: MIAMI FL 33169

Title           MGR  
Name           BARFIELD, KENYAN  
Address        18115 NW 7TH PL.  
City-State-Zip: MIAMI GARDENS FL 33169

Title           AMBR  
Name           MAYCOCK, ANIYAH  
Address        8115 NW 7TH PL.  
City-State-Zip: MIAMI GARDENS FL 33169

Title           AMBR  
Name           BARFIELD, NAIROBI  
Address        18115 NW 7TH PL.  
City-State-Zip: ORLANDO FL 33169

Title           AMBR  
Name           BARFIELD, KENYAN J  
Address        18115 NW 7TH PL.  
City-State-Zip: ORLANDO FL 33169

*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:** KIMBERLY K BARFIELD

MANAGER

03/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date