

FILED
Feb 02, 2004 8:00 am
Secretary of State

24006201

DOCUMENT # L02000001228

1. Entity Name

WILLIAM C. SHEFFIELD, LLC

SECRETARY OF THE STATE OF FLORIDA

FLORIDA

SECRETARY OF THE STATE OF FLORIDA

FLORIDA

Feb 02, 2004 10:00 am

Secretary of State

02-02-2004 90211 015 ****50.00

Principal Place of Business

2020 CORAL ST.
PENSACOLA FL 32506

Mailing Address

2020 CORAL ST.
PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #. etc.

Suite, Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number

35-217112

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEFFIELD, DELANY L
2020 CORAL ST.
PENSACOLA FL 32506

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MMGR

☐ Delete

NAME

SHEFFIELD, DELANY L

STREET ADDRESS

2020 CORAL STREET

CITY-ST-ZIP

PENSACOLA FL 32506

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

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CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

1-31-04 (850) 453-6919

Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative

Date

Daytime Phone #