

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005800

1. Entity Name
HEATHFIELD LLC



Principal Place of Business
**700 ELEVENTH STREET SOUTH, PH2
NAPLES, FL 34102-6777**

Mailing Address
**700 ELEVENTH STREET SOUTH, PH2
NAPLES, FL 34102-6777**



DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0843413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLINGTON SHIELD SERVICES LTD., INC.
700 ELEVENTH STREET SOUTH PH 2
NAPLES, FL 34102-6777**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000346883
04/30/05-80093-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
THOMAS KH TYRRELL
700 ELEVENTH STREET S PH 2
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Signature and typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #

TKH TYRRELL - op. mgr
4.26.05 (239) 430 4306