

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000011058

1. Entity Name
SCOFIELD, LLC



Principal Place of Business

38 BANYAN RD.
NAPLES, FL 34108

Mailing Address

38 BANYAN RD.
NAPLES, FL 34108



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2365816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOFIELD, MILES L
38 BANYAN RD
NAPLES, FL 34108

**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, 2007**

U000000637055
02/26/07-80045-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCOFIELD, MILES L
STREET ADDRESS 38 BANYAN RD.
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR
NAME SCOFIELD, DANE T
STREET ADDRESS 6623 NEW HAVEN CIR
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGR
NAME SCOFIELD, MICHAEL K
STREET ADDRESS 3161 WHITE BLVD.
CITY-ST-ZIP NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-12-07

Date

(239) 643-0166

Daytime Phone #