2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000011058

1. Entity Name
SCOFIELD, LLC

Principal Place of Business	Mailing Address
38 BANYAN RD. NAPLES, FL 34108	38 BANYAN RD. NAPLES, FL 34108

02252008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000042976
03/11/08-80051-017 138.75

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: Miles L. Scofield 2-25-08 (239) 643-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #