

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030683

1. Entity Name
WEDGEFIELD MISSION, LLC



Principal Place of Business
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 32701



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, BOB L
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 32701-5500

**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, 2006**

U00000386106
01/18/06-80046-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBINSON, BOB L
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 327015500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBINSON, CAROLYN
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 327015500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUSH, LEIGH A
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 327015500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILLIPS, E L
730 LAKE CREST COVE
ALTAMONTE SPRINGS, FL 327015500

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

BOB L. ROBINSON

Date

Daytime Phone #

JAN 10 2006

407-260-9653