

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 A
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



02032008 No Chg-LLC

CR2E083 (12/07)

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 re-registering)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBINSON, BOB L
STREET ADDRESS	730 LAKE CREST COVE
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 327015500
TITLE	MGRM
NAME	ROBINSON, CAROLYN
STREET ADDRESS	730 LAKE CREST COVE
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 327015500
TITLE	MGRM
NAME	RUSH, LEIGH A
STREET ADDRESS	730 LAKE CREST COVE
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 327015500
TITLE	MGRM
NAME	PHILLIPS, E L
STREET ADDRESS	730 LAKE CREST COVE
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 327015500
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000826397
02/21/08-80048-005 138.75

**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

Feb 9 2008

Date

407-260-9653

Daytime Phone #