

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003098

FILED
Aug 16, 2007
Secretary of State

Entity Name: BURCHFIELD FINANCIAL SERVICES, LLC

Current Principal Place of Business:

4827 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4827 CAINS WREN TRAIL
SANFORD, FL 32771

New Mailing Address:

FEI Number: 65-1178753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REID, THOMAS B SR
721 VERONA ST
SUITE 1-B
KISSIMMEE, FL 34741 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REID, THOMAS B SR
Address: 3555 SUNSET ISLES BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: MGR () Delete
Name: DEIBLER, MICHOLE A
Address: 3555 SUNSET ISLES BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REID, THOMAS B SR
Address: 4827 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: DEIBLER, MICHOLE A
Address: 4827 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS B REID

MGRM

08/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date