

**2008 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000021006

1. Entity Name
SHEFFIELD & BOATRIGHT TITLE SERVICES, LLC



Principal Place of Business
6101 GAZEBO PARK PLACE NORTH
SUITE 101
JACKSONVILLE, FL 32257 US

Mailing Address
6101 GAZEBO PARK PLACE NORTH
SUITE 101
JACKSONVILLE, FL 32257 US



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2208987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD ESQ
6101 GAZEBO PARK PLACE NORTH
SUITE 101
JACKSONVILLE, FL 32257

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: SHEFFIELD, J. HOWARD
STREET ADDRESS: 6101 GAZEBO PARK PLACE NORTH SUITE 101
CITY, ST, ZIP: JACKSONVILLE, FL 32257

TITLE: MGR
NAME: BOATRIGHT, SCOTT R
STREET ADDRESS: 6101 GAZEBO PARK PLACE NORTH SUITE 101
CITY, ST, ZIP: JACKSONVILLE, FL 32257

TITLE:
NAME:
STREET ADDRESS:
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STREET ADDRESS:
CITY, ST, ZIP:

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05/15/08-80004-005 138.75

**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

Date

Daytime Phone #

4-23-08

904-783-7900