

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90121 025 ***138.75

DOCUMENT # L03000030315

1. Entity Name
FIELD CAPITAL, LLC



Principal Place of Business
216 PASADENA PL
ORLANDO, FL 32803

Mailing Address
216 PASADENA PL
ORLANDO, FL 32803

60006202



2. Principal Place of Business - No P.O. Box #
130 PASADENA PLACE

3. Mailing Address
130 PASADENA PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State
ORLANDO FL

City & State
ORLANDO, FL

4. FEI Number
20-0114301

Applied For
Not Applicable

Zip
32803

Country

Zip
32803

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, JAMES T
216 PASADENA PL
ORLANDO, FL 32803

Name
DIXON, JAMES T

Street Address (P.O. Box Number is Not Acceptable)

130 PASADENA PLACE

City ORLANDO

FL

Zip Code
32803

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DIXON, JAMES T
STREET ADDRESS 216 PASADENA PL
CITY-ST-ZIP ORLANDO, FL 32803

TITLE MGR ☒ Change ☐ Addition
NAME DIXON, JAMES T
STREET ADDRESS 130 PASADENA PLACE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/08

407-648-4105