

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035334

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** FIELDS OF MCALPIN, LLC

**Current Principal Place of Business:**

219 COURT STREET  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 COURT STREET  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 20-0238590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, CHARLES R  
219 COURT STREET  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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  
**Name:** THOMAS, CHARLES R  
**Address:** 219 COURT STREET  
**City-St-Zip:** LIVE OAK, FL 32064 US

**Title:** MGRM  
**Name:** KELLY, KENNETH  
**Address:** 12536 BUTLER BAY COURT  
**City-St-Zip:** WINDERMERE, FL 32786

**Title:** MGRM  
**Name:** PARRISH, WINSTON  
**Address:** 14929 SW CO. RD. 231  
**City-St-Zip:** BROOKER, FL 32622

I hereby 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:** CHARLES R. THOMAS

MGRM

04/30/2011

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