

DOCUMENT # L03000050346

1. Entity Name

TOM FIELDS REMODELING, LLC



FILED
Mar 14, 2008
Secretary of

Principal Place of Business

 14019 BEACH BLVD., LOT 999
 JACKSONVILLE, FL 32250

Mailing Address

 14019 BEACH BLVD., LOT 999
 JACKSONVILLE, FL 32250


03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE
 4. FEI Number
 59-2994532

 Applied For
 Not Applicable

5. Certificate of Status Desired


\$5.00 Additional
 Fee Required
6. Name and Address of Current Registered Agent
 FIELDS, TOM
 14019 BEACH BLVD., LOT 999
 JACKSONVILLE, FL
**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	FIELDS, TOM
STREET ADDRESS	14019 BEACH BLVD., LOT 999
CITY-ST-ZIP	JACKSONVILLE, FL 32250

TITLE	
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 U00000858884
 04/01/08-80063-021 143.75
**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: Charles T Fields **CHARLES T FIELDS** 3/6/2008 705/487
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #