

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025531

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: SHEFFIELD FAMILY GROUP, L.L.C.

**Current Principal Place of Business:**

2 HARGROVE GRADE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 HARGROVE GRADE  
PALM COAST, FL 32137 US

**New Mailing Address:**

FEI Number: 42-1625678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137 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 ( ) Delete  
Name: SHEFFIELD, GARY  
Address: 2 HARGROVE GRADE  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM ( ) Delete  
Name: MORELLO, MICHAEL F  
Address: 2 HARGROVE GRADE  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM ( ) Delete  
Name: MCKEEVER, DOUGLAS  
Address: 2 HARGROVE GRADE  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGR ( ) Delete  
Name: MICHAEL G. MORELLO R, EVCOABLE TRUST 7/13/93  
Address: 2 HARGROVE GRADE  
City-St-Zip: PALM COAST, FL 32137 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL G. MORELLO, JR.

MGR

01/13/2009

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