

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90021 018 ****50.00

DOCUMENT # L04000034268

1. Entity Name
BYFIELD STREET, LLC



Principal Place of Business
**25941 APPLE BLOSSOM LANE
WESLEY CHAPEL, FL 33544**

Mailing Address
**25941 APPLE BLOSSOM LANE
WESLEY CHAPEL, FL 33544**

20015959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1093102

Applied For
Not Applicable

Zip

Country

Zip

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

**FWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., SUITE 1700
C/O CODY WATERS
TAMPA, FL 33602**

Name **LOUIS B. MENDELSON**

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

25941 Apple Blossom Lane

City **Wesley Chapel**

FL

Zip Code **33544**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MENDELSON, LOUIS B
25941 APPLE BLOSSOM LANE
WESLEY CHAPEL, FL 33544** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LOUIS B. MENDELSON

3/9/06

813-973-0496