

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90027 010 \*\*\*\*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**



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

**5807 Old Pasco Road**

3. Mailing Address

**5807 Old Pasco Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-LLC CR2E083 (12/06)

City & State

**Wesley Chapel, FL**

City & State

**Wesley Chapel, FL**

4. FEI Number  
**20-1093102**

Applied For

Not Applicable

Zip

**33544**

Country

**USA**

Zip

**33544**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**MENDELSON, LOUIS B  
25941 APPLE BLOSSOM LN  
WESLEY CHAPEL, FL 33544**

7. Name and Address of New Registered Agent

Name **Mendelson, Louis B.**

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

**5807 Old Pasco Road**

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]*

**LOUIS B. MENDELSON**

**1/8/07**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **5807 Old Pasco Road**  
STREET ADDRESS **Wesley Chapel, FL 33544**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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]*

**LOUIS B. MENDELSON**

Date

**1/8/07**

Daytime Phone #

**813-973-0496**

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