

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90036 030 ****50.00

DOCUMENT # L04000049757

1. Entity Name
WESTFIELD - COACHMAN, LLC



Principal Place of Business
**11900 BISCAYNE BOULEVARD, SUITE 801
NORTH MIAMI, FL 33181**

Mailing Address
**11900 BISCAYNE BOULEVARD, SUITE 801
NORTH MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #
111 Park Centre Blvd
(Suite) Apt. #, etc.
#360

3. Mailing Address
111 Park Centre Blvd
(Suite) Apt. #, etc.
#360

04182007 Chg-LLC CR2E083 (12/06)

City & State
miami FL

City & State
miami FL

4. FEI Number
20-1834577

Applied For
☐ Not Applicable

Zip
33169 Country
USA

Zip
33169 Country
USA

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

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N
2875 NE 191ST STREET, SUITE 404
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **Karen H. Llera**

Street Address (P.O. Box Number is Not Acceptable)
111 Park Centre Blvd #360

City **miami** **FL** Zip Code **33169**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **WESTFIELD FINANCIAL CORP., INC.**
CITY-ST-ZIP **11900 BISCAYNE BLVD., #801
NORTH MIAMI BEACH, FL 33181**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME **mgrm** ☒ Change ☐ Addition
STREET ADDRESS **Westfield Financial Corp Inc**
CITY-ST-ZIP **111 Park Centre Blvd #360
miami FL 33169**

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #