

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:33

DOCUMENT # L05000046614

1. Entity Name
CANFIELD ENTERPRISES, L.L.C.



Principal Place of Business
626 SE 28 AVENUE
OCALA, FL 34471

Mailing Address
626 SE 28 AVENUE
OCALA, FL 34471

2. Principal Place of Business
626 SE 28 AVE
Suite, Apt. #, etc.

3. Mailing Address
626 SE 28 AVE
Suite, Apt. #, etc.



11132006 REIN-LLC CR2E101 (11/05)

City & State
OCALA FL
Zip
34471
Country
MARION

City & State
OCALA FL
Zip
34471
Country
MARION

4. FEI Number
23598 8279
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 fiscal applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CANFIELD, CHARLES
626 SE 28 AVENUE
OCALA, FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300089029153
02/23/07--01007--003 **200.00

TITLE
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REINSTATEMENT 06-07

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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 #

2/6/07 352 804-4938