

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064252

Entity Name: TIMOTHY SCHOFIELD LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2114 WILLIAMS ROAD  
DE FUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

58 INITIAL LANE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

2114 WILLIAMS ROAD  
DE FUNIAK SPRINGS, FL 32433

FEI Number: 20-3082688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, DAPHNE W  
58 INITIAL LANE  
SANTA ROSA BEACH, FL 32459 US

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

MARTIN, DAPHNE W  
170 EAST COUNTY HIGHWAY 30A  
SUITE 101  
SANTA ROSA BEACH, FL 32459 US

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:

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHOFIELD, TIMOTHY  
Address: 2114 WILLIAMS RD  
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

I hereby 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: TIMOTHY A SCHOFIELD

MGRM

03/16/2011

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