

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 049 ***138.75

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01162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000074815			
1. Entity Name GWEN ENFIELD, LLC			
Principal Place of Business 2475 BRICKELL AV. #1909 MIAMI, FL 33129 US		Mailing Address 2475 BRICKELL AV. #1909 MIAMI, FL 33129 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 71-0987369		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRIEDLANDER & KAMELHAIR, PL 2121 S. W. 3RD AVE #501 MIAMI, FL 33129		Name Street Address (P.O. Box Number is Not Acceptable) 4700 Sheridan St. Suite P City <u>Hollywood</u> FL Zip Code <u>33029</u>	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENFIELD, GWEN B 2475 BRICKELL AVE. #1909 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gwen Enfield</u>		Date: <u>2/4/08</u> Daytime Phone #: <u>786-512-0506</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			