2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:0
Secretary of Sta

DOCUMENT # L05000075069

1. Entity Name
WHITFIELD SERVICES LLC

Principal Place of Business	Mailing Address
5536 SE SCHOONER OAKS WAY STUART, FL 34997	5536 SE SCHOONER OAKS WAY STUART, FL 34997

04252007 No Chg-LLC. CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0140806
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, ROBERT
5536 SE SCHOONER OAKS WAY
STUART, FL 34997

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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)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MURRAY, ROBERT
STREET ADDRESS	5536 SE SCHOONER OAKS WAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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.

ROBERT MURRAY

SIGNATURE: Robert Murray 4/24/2007 (772) 2200286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #