

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000091497

Entity Name: WINGFIELD FARMS, LLC

**FILED**  
**Feb 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1827 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

1827 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-3491065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHALFANT, MARJORIE  
1827 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

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

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: MARJORIE CHALFANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHALFANT, MARJORIE  
Address: 1827 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR ( ) Delete  
Name: KERO, DAVID  
Address: 1650 MARKHAM WOODS ROAD  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARJORIE CHALFANT

MGRM

02/11/2007

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