

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 045 ****55.00

DOCUMENT # L05000106426

1. Entity Name
STRINGFIELD TRADING COMPANY, LLC



Principal Place of Business
**5109 WEST BEAVER STREET
JACKSONVILLE, FL 32254 US**

Mailing Address
**5109 WEST BEAVER STREET
JACKSONVILLE, FL 32254 --US--**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/o David A. King, Attorney

Suite, Apt. #, etc.

1416 Kingsley Avenue

City & State
Orange Park, FL

Zip
32073

Country
USA

04052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3714065

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNOR, STEVEN W--
1106 PARK AVENUE--
ORANGE PARK, FL 32073--**

7. Name and Address of New Registered Agent

Name
David A. Stringfield

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

5109 West Beaver Street

City
Jacksonville

FL

Zip Code
32254

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

David A. Stringfield

Signature of person printing name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STRINGFIELD, DAVID A
5109 WEST BEAVER STREET
JACKSONVILLE, FL 32254** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Karen A. Stringfield
5109 West Beaver Street
Jacksonville, FL 32254** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

David A. Stringfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. Stringfield, MGRM

Date

Daytime Phone #