

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90320 048 ****50.00

DOCUMENT # L06000054746					
1. Entity Name THE WAKEFIELD LLC					
Principal Place of Business 1594-D FOREST LAKES CIRCLE WELLINGTON FL 33414 US			Mailing Address 1594-D FOREST LAKES CIRCLE WEST PALM BEACH FL 33406		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1998757	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERS, DOTHNEY I 1594-D FOREST LAKES CIRCLE WEST PALM BEACH FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$5.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM CHAMBERS, DOTHNEY I 1594-D FOREST LAKES CIRCLE WEST PALM BEACH FL 33406	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Dothney I Chambers</i>			4/17/07		561-6494592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT
30009175

Please note:

Ref: 106000054746

1. FEI number
2. Address correction

Principal place of business

The Wakefield LLC

1454-1462 Easthampton Cir.

Wellington Fl. 33414

Thank you.

Lothney I Chambers