

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90123 043 \*\*\*\*50.00

DOCUMENT # L06000078160

1. Entity Name

R&S FIELDBROOK, LLC



Principal Place of Business

864 COVENTRY STREET  
BOCA RATON FL 33487  
US

Mailing Address

864 COVENTRY STREET  
BOCA RATON FL 33487  
US



2. Principal Place of Business - No P.O. Box #

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA

3. Mailing Address

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

2053424787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELLERS, STEVEN A  
864 COVENTRY STREET  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Steven Sellers

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

950 Peninsula Corporate Circle

Suite 1004

City

Boca Raton

FL

Zip Code

33487

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
SELLERS, STEVEN A  
864 COVENTRY STREET  
BOCA RATON FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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: *[Signature]*

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

Date

Daytime Phone #