

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088895

Entity Name: SHEFFIELD REALTY, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

1702 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1700 METROPOLITAN BLVD
TALLAHASSEE, FL 32308

Current Mailing Address:

1702 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

1700 METROPOLITAN BLVD
TALLAHASSEE, FL 32308

FEI Number: 20-5550605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, LEE R III
1700 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEFFIELD, LEE R III
Address: 1291 TALLAVANA TR.
City-St-Zip: HAVANA, FL 32333

Title: MGRM () Delete
Name: SHEFFIELD, DIANE
Address: 1291 TALLAVANA TR.
City-St-Zip: HAVANA, FL 32333

Title: MGRM (X) Delete
Name: SHEFFIELD, LEE R JR.
Address: 1321 46TH AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

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

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 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: DIANE SHEFFIELD

MGRM

03/18/2009

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