


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 039 \*\*\*\*50.00

<b>DOCUMENT # L06000091378</b> 1. Entity Name <b>FIELDS' LAUNDROMAT AND RENTALS, LLC</b>					
Principal Place of Business <b>105 NW ANDRA DAVIS STREET LIVE OAK, FL 32064 US</b>			Mailing Address <b>101 NW ANDRA DAVIS STREET LIVE OAK, FL 32064 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04102007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <b>51-0604507</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIELDS, CLYDE L 11303 168TH STREET MCALPIN, FL 32062</b>				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 <u>Clyde L. Fields</u> MGR <u>4/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDS, CLYDE L 11303 168TH STREET MCALPIN, FL 32062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Clyde L. Fields</u> <u>CLYDE L. FIELDS, MGR</u> <u>4-11-2007</u> <u>(386) 364-7666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					