

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091378

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** FIELDS' LAUNDROMAT AND RENTALS, LLC

**Current Principal Place of Business:**

105 NW ANDRA DAVIS STREET  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 NW ANDRA DAVIS STREET  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 51-0604507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDS, CLYDE L  
11303 168TH STREET  
MCALPIN, FL 32062 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: MGR ( ) Delete  
Name: FIELDS, CLYDE L  
Address: 11303 168TH STREET  
City-St-Zip: MCALPIN, FL 32062 US

Title: MGR ( ) Delete  
Name: FIELDS, MAE D  
Address: 11303 168TH STREET  
City-St-Zip: MCALPIN, FL 32062 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FIELDS, CLYDE L  
Address: 11303 168TH STREET  
City-St-Zip: MCALPIN, FL 32062 US

Title: MGRM (X) Change ( ) Addition  
Name: FIELDS, MAE D  
Address: 11303 168TH STREET  
City-St-Zip: MCALPIN, FL 32062 US

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: MAE DEVOE FIELDS

MGRM

03/20/2009

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