FILED
Apr 29, 2008 8:00 am
Secretary of State
01-09-2008 90027 001 ****69.37
01-09-2008 90027 002 ****69.38

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000068656

1. Entity Name
CANFIELD & WILLBUR, LLC

Principal Place of Business	Mailing Address
2150 PARK AVENUE NORTH WINTER PARK, FL 32789	2150 PARK AVENUE NORTH WINTER PARK, FL 32789

01052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2150 Park Ave. North	2150 Park Ave, North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Winter Park, FL	Winter Park, FL
City & State	City & State
32789 / USA	32789 / USA
Zip / Country	Zip / Country

4. FEI Number 59-2774744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLBUR, DEBORAH A
2150 PARK AVENUE NORTH
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: Same
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 _____ DATE
(Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. OFFICERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE: Managing Members NAME: Deborah Ann Willbur, LCSW, PA STREET ADDRESS: 2150 Park Ave, North CITY-ST-ZIP: Winter Park, FL 32789	☐ Change ☐ Addition
TITLE: Managing Member ☐ Delete NAME: Sandy Canfield, LMHC, P.A. STREET ADDRESS: 2150 Park Ave. North CITY-ST-ZIP: Winter Park, FL 32789	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: Deborah A. Willbur 1-7-08 407-645-0028
(SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)