

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101648

**Entity Name:** LEFT FIELD SERVICES LLC

**FILED**  
**Sep 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

947 BLOOMINGTON CT  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

947 BLOOMINGTON CT  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 32-0295549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ST. MARIE, ANDREW V  
947 BLOOMINGTON CT  
OCOEE, FL 34761 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  
**Name:** ST. MARIE, ANDREW V  
**Address:** 947 BLOOMINGTON CT  
**City-St-Zip:** OCOEE, FL 34761

I hereby 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: ANDREW ST MARIE

MGR

09/22/2011

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