

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000001803 1. Entity Name 114, LLC	
--	---

Principal Place of Business
12856 MIZNER WAY
WELLINGTON, FL 33414Mailing Address
12856 MIZNER WAY
WELLINGTON, FL 33414

08032007 No Chg-LLC

CR2E083 (11/05)

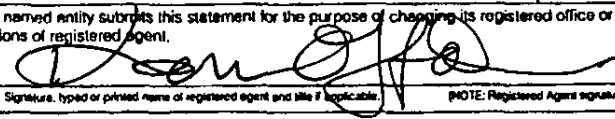
DO NOT WRITE IN THIS SPACE4. FEI Number
38-3599135Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARIN REID OFFIELD
12856 MIZNER WAY
WELLINGTON, FL 33414**DO NOT WRITE
IN THIS SPACE**

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



Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

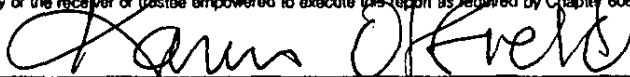
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KARIN REID OFFIELD
STREET ADDRESS	12856 MIZNER WAY
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000771801
08/10/07-80001-010 55.00**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:



8/14/07 561-301-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #