FILED
Aug 10, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001803

1. Entity Name
114, LLC

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

08032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3599135
☐ Applied For
☐ Not Applicable

5. 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 reinstating) 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	
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CITY-ST-ZIP	

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08/10/07-80001-010 55.00

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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.

SIGNATURE: Karin OFfield 8/4/07 561-301-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #