

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000102791

**Entity Name:** GURFIELD MANAGEMENT LLC

**Current Principal Place of Business:**

750 EGRET CIRCLE  
APT # 6301  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

PO BOX 615  
N EGREMONT, MA 01230 US

**FEI Number:** 47-4324194

**Certificate of Status Desired:** No

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

GURFIELD, MITCHELL  
1621 COLLINS AVE  
#804  
MIAMI BEACH, FL 33139 US

*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:** MITCHELL GURFIELD

04/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GURFIELD, MITCHELL  
Address PO BOX 615  
City-State-Zip: N EGREMONT MA 01230

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MITCHELL GURFIELD

PRESIDENT

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date