## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052909

Entity Name: KAY STORY, LLC

**Current Principal Place of Business:** 

6405 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819

**Current Mailing Address:** 

6405 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819

FEI Number: 57-1197846 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STORY, KAY B 6405 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819 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:

Electronic Signature of Registered Agent

Date

FILED Jan 16, 2015

**Secretary of State** 

CC3535395107

Authorized Person(s) Detail:

Title MGR Title CO-O

Name STORY, KAY B Name STORY, JAMES B

Address 6405 EDGE-O-GROVE CIRCLE Address 6406 EDGE-O-GROVE CIRCLE

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

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: KAY B. STORY OWNER/MANAGER

01/16/2015 Date