

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034487

**Entity Name:** KELLPASSNER LLC

**Current Principal Place of Business:**

C/O KELLY, PASSIDOMO, KELLY, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103

**Current Mailing Address:**

C/O KELLY, PASSIDOMO, KELLY, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 US

**FEI Number:** 20-2703429

**Certificate of Status Desired:** No

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

KELLY, CHARLES MJR.  
KELLY, PASSIDOMO, KELLY, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 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

**Authorized Person(s) Detail :**

Title MGR  
Name KELLY, CHARLES MJR.  
Address 2390 TAMIAMI TRAIL NORT, STE 204  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name PASSIDOMO, KATHLEEN C  
Address 2390 TAMIAMI TRAIL NORTH, STE 240  
City-State-Zip: NAPLES FL 34103

*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:** CHARLES M KELLY JR

**MANAGER**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date