

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111715

**Entity Name:** SIMON, KELVINGTON AND SHEALY, LLC

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC4591255780**

**Current Principal Place of Business:**

931 WEKIVA SPRINGS ROAD  
SUITE 101  
LONGWOOD, FL 32779

**Current Mailing Address:**

931 WEKIVA SPRINGS ROAD  
SUITE 101  
LONGWOOD, FL 32779

**FEI Number: 26-3820974**

**Certificate of Status Desired: No**

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

KELVINGTON, BRUCE D  
1716 OAKMONT LANE  
ORLANDO, FL 32804 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 MGRM  
Name KELVINGTON, BRUCE D  
Address 1716 OAKMONT LANE  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name SHEALY, JOHN R  
Address 350 N. WASHINGTON AVE, SUITE J  
City-State-Zip: TITUSVILLE FL 32804

Title MGRM  
Name SIMON, KEN  
Address 931 WEKIVA SPRINGS ROAD  
City-State-Zip: LONGWOOD FL 32779

*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: KEN SIMON** \_\_\_\_\_

**MGRM**

**04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date