

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067824

Entity Name: KELLY POINTE, LLC**Current Principal Place of Business:**4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224**Current Mailing Address:**4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224**FEI Number:** 27-2912635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LI, W. WILLIAM
225 WATER STREET
SUITE 1750
JACKSONVILLE, FL 32202 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 VP
Name DAVID, JED V
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title VP T, ASST. SECRETARY
Name FRANCIS, HARRY D
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name DAVIS, A. DANO
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name OKO, SCOTT A
Address PABLO OAKS COURT
City-State-Zip: JAACKSONVILLE FL 32224

Title S
Name MORGAN, JUDY B
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title P
Name ZAHRA, E. ELLIS JR.
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title MANAGING MEMBER
Name DDI, INC.
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

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: JUDY MORGAN**SECRETARY****02/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date