

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000155575

**Entity Name:** KILLEARN CENTER LLC

**Current Principal Place of Business:**

3738 KILLEARN CENTER CT  
A  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3738 KILLEARN CENTER CT  
A  
TALLAHASSEE, FL 32309

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEONARD III, COMAN C  
3738 KILLEARN CENTER CT  
A  
TALLAHASSEE, FL 32309 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:** COMAN C LEONARD III

04/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEONARD, COMAN CIII  
Address 3738 KILLEARN CENTER CT, STE A  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name LEONARD, MIRTA L  
Address 3837 KILLEARN CENTER CT  
STE A  
City-State-Zip: TALLAHASSEE FL 32309

*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:** COMAN LEONARD

MGR

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date