

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163284

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC6353272837**

**Entity Name:** MADELINE KREFT COMBS DECORATIVE CURBING LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

22387 SEYBURN TER.  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

22387 SEYBURN TER.  
PORT CHARLOTTE, FL 33954 US

**FEI Number: 59-5366460**

**Certificate of Status Desired: No**

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

KREFTCOMBS, MADELINE R  
22387 SEYBURN TER.  
PORT CHARLOTTE, FL 33954 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 DAVIS, ASTRO  
Address 1210 TALBOT ST.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGRM  
Name BENTLEY, JERRY  
Address 1210 TALBOT ST.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name KREFTCOMBS, MADELINE R  
Address 22387 SEYBURN TERR  
City-State-Zip: PORT CHARLOTTE FL 33954

Title MGR  
Name COMBS, LEAMON JR.  
Address 22387 SEYBURN TER  
City-State-Zip: PORT CHARLOTTE FL 33954

Title MGRM  
Name BLOOM, JOHNATHON  
Address 1210 TALBOT ST  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: MADELINE KREFTCOMBS**

**MGR**

**04/07/2016**

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

\_\_\_\_\_  
Date