

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018089

**Entity Name:** KDF FAMILY ONE L.L.C.

**Current Principal Place of Business:**

% SHARON FOLEY  
12236 STONE BARK TRAIL  
ORLANDO, FL 32824

**Current Mailing Address:**

12236 STONE BARK TRAIL  
ORLANDO, FL 32824 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FOLEY, SHARON  
12236 STONE BARK TRL  
ORLANDO, FL 32824 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            AMBR  
Name            FOLEY, SHARON  
Address        4887 FIORAZANTE AVE  
City-State-Zip: ORLANDO FL 32839

Title            AMBR  
Name            DEITZ, TIM  
Address        10292 COPELAND DR.  
City-State-Zip: MANASSAS VA 20109

Title            AMBR  
Name            KELSEY, ROBERT  
Address        3401 SW 49 TERR  
City-State-Zip: Ocala FL 34474

*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:** SHARON FOLEY

AMBR

01/05/2015

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

\_\_\_\_\_  
Date