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.

MGR

SIGNATURE: KELLEY RENEE MANNING

Electronic Signature of Signing Authorized Person(s) Detail

# Electronic Signature of Registered Agent Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MANNING, KELLEY	Name	MANNING, JOSEPH A
Address	6295 40TH AVE. NORTH	Address	6295 40TH AVE. NORTH
City-State-Zip:	ST. PETERSBURG FL 33709	City-State-Zip:	ST. PETERSBURG FL 33709

## 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.

6295 40TH AVE. NORTH ST. PETERSBURG, FL 33709 US

**Current Principal Place of Business:** 

### FEI Number: 81-1325509

**Current Mailing Address:** 

DOCUMENT# L16000218119

6295 40TH AVE. NORTH ST. PETERSBURG, FL 33709

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

Entity Name: KELLEY MANNING ENTERPRISES, LLC

MANNING, KELLEY 6295 40TH AVE. NORTH ST. PETERSBURG, FL 33709 US

SIGNATURE:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### FILED Apr 12, 2018 Secretary of State CC8235481147

Date

Certificate of Status Desired: No

04/12/2018

Date