

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000081940

**Entity Name:** BARNES LLEWELLYN LLC

**Current Principal Place of Business:**

324 E CHURCH ST  
SUITE 101  
DELAND, FL 32724

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**1873293619CC**

**Current Mailing Address:**

324 E CHURCH ST  
SUITE 101  
DELAND, FL 32724 US

**FEI Number:** 82-1149750

**Certificate of Status Desired:** No

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

LLEWELLYN, DAVID  
324 E CHURCH ST  
SUITE 101  
DELAND, FL 32724 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 MGR  
Name LLEWELLYN, DAVID J  
Address 3441 HICKORY CREEK ROAD  
City-State-Zip: DELTONA FL 32738

Title MGR  
Name LLEWELLYN, KELLY  
Address 3441 HICKORY CREEK RD  
City-State-Zip: DELTONA FL 32738

*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:** DAVID J LLEWELLYN

**PRESIDENT**

**02/25/2019**

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

\_\_\_\_\_  
Date