

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000126985

Entity Name: KALEB LEE, LLC

Current Principal Place of Business:

440 LEEWAY TRAIL
ORMOND BEACH, 32174

Current Mailing Address:

440 LEEWAY TRAIL
ORMOND BEACH, 32174 UN

FEI Number: 83-0656476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHARMAHORN, KALEB L
440 LEEWAY TRAIL
ORMOND BEACH, FL 32174 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 SCHARMAHORN, KALEB L
Address 440 LEEWAY TRAIL
City-State-Zip: ORMOND BEACH 32174

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: KALEB SCHARMAHORN

OWNER

02/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date