

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000530910

**Entity Name:** KELLY M DECARLUCCI LLC

**Current Principal Place of Business:**

260 1ST AVENUE SOUTH  
5TH FLOOR  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

260 1ST AVENUE SOUTH  
5TH FLOOR  
ST PETERSBURG, FL 33701

**FEI Number:** 87-4033038

**Certificate of Status Desired:** No

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

MESSINEO, PETER CPA  
38349 COUNTY ROAD 54  
ZEPHYRHILLS, FL 33542 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	Title	AUTHORIZED REPRESENTATIVE
Name	DECARLUCCI, KELLY M	Name	DECARLUCCI, ASHLEY MARIE
Address	808 N FRANKLIN ST, APT 2415	Address	260 1ST AVENUE SOUTH 5TH FLOOR
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	ST PETERSBURG FL 33701

*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:** KELLY MARIE DECARLUCCI

**MANAGING MEMBER**

**02/02/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date