

# L00000007843

DOCUMENT # L00000007843

1. Entity Name

THE CONNELLY GROUP, LIMITED LIABILITY COMPANY



FILED

03 OCT 114 AM 18:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

9834 GLADES RD  
C 10  
BOCA RATON FL 33434

Mailing Address

9834 GLADES RD  
C 10  
BOCA RATON FL 33434

2. Principal Place of Business

PO Box 360186  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 360186  
Suite, Apt. #, etc.

City &amp; State

Tampa FL

City &amp; State

Tampa FL

Zip

33673

Country

Hillsborough

Zip

33673

Country

Hillsborough

4. FEI Number

65-1019244

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, CHRISTOPHER R  
9289 RUTHEDGE AVE  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

CHRISTOPHER R Connelly

Street Address (P.O. Box Number is Not Acceptable)

2314 Little Country RD

PARRISH

FL

34219

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CHRISTOPHER R. Connelly

10/07/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, CHRISTOPHER R 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, JAMIE J 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, JOEL M 5685 SW 80TH ST, SUITE C MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, KAREN 7907 SURRY LANE INDIAN TRAIL NC 28079	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTOPHER Connelly PO BOX 360186 TAMPA FL 33673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR JAMIE J Connelly PO BOX 360186 TAMPA FL 33673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023772062 10/14/03--01016--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023772062 10/14/03--01016--009 **5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHRISTOPHER R Connelly

Date

Daytime Phone #

561 414 9729