

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 006 ****50.00

DOCUMENT # L02000028380

1. Entity Name
HOWARD D KENNERLY, LLC



Principal Place of Business
**1333 S. DIXIE HWY #7
ST. AUGUSTINE, FL 32084**

Mailing Address
**P.O. BOX 860059
ST. AUGUSTINE, FL 32086**



02232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4218024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNERLY, HOWARD C JR
1333 S. DIXIE HWY #7
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNERLY, RANDY 1830 WOODLAWN RD SAINT AUGUSTINE, FL 32085 Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, STEVEN 240 JASMINE RD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBY, KIMBERLY D 1329 ROOSEVELT DR SAINT AUGUSTINE, FL 32085 Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard Kennerly 1333 S. Dixie Hwy. #7 St. Augustine, FL 32084 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Howard Kennerly 2-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #