

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L002000032438

1. Entity Name

Kerr & Associates, LLC



FILED

03 JUL 15 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11802 Wildfire Way

Suite, Apt. #, etc.

3. Mailing Address

11802 Wildfire Way

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

54-2083528

Applied For

Not Applicable

Zip

33635

Country

Zip

33635

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Patrick W. Kerr

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

11802 Wildfire Way

City

Tampa

FL

Zip Code

33635

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Patrick W. Kerr
Managing Member
11802 Wildfire Way
Tampa, FL 33635

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800021568448
07/15/03--01051--005 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member
Barbara Kerr
11802 Wildfire Way
Tampa, FL 33635

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Barbara Kerr

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

7/16/03

Date

813-814-4414

Daytime Phone #

CR2E083B (12/02)