


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000014424		
1. Entity Name GLENN A. KELLY, LLC		
Principal Place of Business 419 NORTH 65TH AVENUE PENSACOLA, FL 32506	Mailing Address 419 NORTH 65TH AVENUE PENSACOLA, FL 32506	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLY, GLENN A 419 NORTH 65TH AVENUE PENSACOLA, FL 32506		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
000000927250 05/20/08-80100-006 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KELLY, GLENN A 419 NORTH 65TH AVENUE PENSACOLA, FL 32506	
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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: <u>Glenn A. Kelly</u> <u>Glenn A. Kelly</u> <u>4/23/08</u> <u>850/455-5764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0783588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required