

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030182

1. Entity Name
KILLILEA PROPERTIES LLC



Principal Place of Business

**13800 SW 16TH ST
DAVIE, FL 33325**

Mailing Address

**13800 SW 16TH ST
DAVIE, FL 33325**

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
01-0812289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KILLILEA, KEVIN M
13800 SW 16TH ST
DAVIE, FL 33325**

**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 restateing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KILLILEA, KEVIN M
STREET ADDRESS	13800 SW 16TH ST
CITY- ST- ZIP	DAVIE, FL 33325
TITLE	MGRM
NAME	KILLILEA, ELIZABETH G
STREET ADDRESS	13800 SW 16TH ST
CITY- ST- ZIP	DAVIE, FL 33325

000000776617
01/09/08-80032-006 138.75

**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:

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

4 Jan 2008 (954) 693-3515

Date

Daytime Phone #