

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90017 050 \*\*\*\*50.00

60047002



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **650547716** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DOCUMENT # L04000031257**  
1. Entity Name  
**MICHAEL KELLEY LLC**



Principal Place of Business  
**2900 PALM AVENUE DRIVE, N 302  
POMPANO BEACH, FL 33069**

Mailing Address  
**2900 PALM AVENUE DRIVE, N 302  
POMPANO BEACH, FL 33069**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**KELLEY, MICHAEL  
2900 PALM AVENUE DRIVE, N 302  
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KELLEY, MICHAEL 2900 PALM AVENUE DRIVE, N 302 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Michael E. Kelley **4/12/05** **954-415-5144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #