

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90345 048 \*\*\*\*50.00

**DOCUMENT # L04000061323**

1. Entity Name  
**KELBY SERVICES, L.L.C.**



Principal Place of Business  
**214 HIGHLAND WOODS DRIVE  
SAFETY HARBOR, FL 34695**

Mailing Address  
**214 HIGHLAND WOODS DRIVE  
SAFETY HARBOR, FL 34695**



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**22-3903423**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S  
1245 COURT STREET, STE. 102  
CLEARWATER, FL 33756**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELBY, SCOTT 214 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KELBY, KALEBRA 214 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Kalebra Kelby*  
4/12/07