

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006121

1. Entity Name
MATT KELLY SERVICES, L.L.C.



Principal Place of Business
125 PERRY LANE
HAVANA, FL 32333

Mailing Address
P.O. BOX 561
HAVANA, FL 32333

FILED

08 FEB 29 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0554829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, MATTHEW
125 PERRY LN
HAVANA, FL 32333

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KELLY, MATTHEW
125 PERRY LN
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700119932537
03/11/08--01011--009 **138.75 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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: *Matthew Kelly*

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

Date

Daytime Phone #