

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014924

1. Entity Name  
KALEEL & CROZIER, PLLC



Principal Place of Business  
555 NORTH CONGRESS AVE.  
SUITE 301  
BOYNTON BEACH, FL 33426

Mailing Address  
555 NORTH CONGRESS AVE.  
SUITE 301  
BOYNTON BEACH, FL 33426

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



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
02-0754178

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALEEL, KENNETH M  
555 NORTH CONGRESS AVE.  
SUITE 301  
BOYNTON BEACH, FL 33426

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

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~KALEEL~~  
KALEEL, KENNETH M  
555 NORTH CONGRESS AVE.  
BOYNTON BEACH, FL 33426 ☐ Delete

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10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

4/25/07 561-738-1104

FILED  
07 MAY -9 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA