

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90138 047 ****50.00

DOCUMENT # L05000103924

1. Entity Name

KELMAGDYN ENTERPRISES, LLC



Principal Place of Business

909 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

Mailing Address

909 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

60013304



02032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1126684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARGA, DORIS A
909 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

**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
MGRM
DARGA, DORIS A
909 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

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

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: Doris A Darga **DORIS A DARGA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-03-07

Date

813 645-7417

Daytime Phone #