

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000021606

1. Entity Name
KELBRO PROPERTIES, LLC



Principal Place of Business
**1019 NORTH COMBEE ROAD
LAKELAND, FL 33801**

Mailing Address
**1019 NORTH COMBEE ROAD
LAKELAND, FL 33801**

DO NOT WRITE IN THIS SPACE



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
86-1160411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, MARVIN
1019 NORTH COMBEE ROAD
LAKELAND, FL 33801**

**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 _____

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

U000000906535
05/05/08-80002-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, MARVIN R 2311 VALRICO FONEST VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, JAMES P JR. 2797 WILSON BLVD. LAKELAND, FL 33805
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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 #

Marvin Kelley 15 Apr 08 863 665 6058