

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90026 005 ****50.00

DOCUMENT # L06000032754

1. Entity Name
KILE CONSULTING, LLC



Principal Place of Business
**2522 CAPITAL CIRCLE, NE SUITE 10
TALLAHASSEE, FL 32308**

Mailing Address
**2522 CAPITAL CIRCLE, NE SUITE 10
TALLAHASSEE, FL 32308**

2. Principal Place of Business - No P.O. Box #
1564 Lee Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

City & State
Tallahassee, Florida

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip
32303

Country
USA

Zip

Country

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

**KILE, BRADLEY
6724 JOHNSTOWN LOOP
TALLAHASSEE, FL 32309**

Name
Kile, Bradley
Street Address (P.O. Box Number is Not Acceptable)
1564 Lee Avenue

City
Tallahassee **FL** Zip Code
32303

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 **Bradley Kile**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KILE, BRADLEY
6724 JOHNSTOWN LOOP
TALLAHASSEE, FL 32309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Kile, Bradley
1564 Lee Avenue
Tallahassee, Florida 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Bradley Kile

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

4/20/07

Date

(850) 212-8127

Daytime Phone #