

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055851

Entity Name: KELLY-DONEGAN, LLC

**FILED**  
**May 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6725 COW HOLLOW DRIVE  
1914  
CHARLOTTE, NC 29226

**New Principal Place of Business:**

6931 SURREY OAK DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

6725 COW HOLLOW DRIVE  
1914  
CHARLOTTE, NC 28226

**New Mailing Address:**

6931 SURREY OAK DRIVE  
APOLLO BEACH, FL 33572

FEI Number: 20-4471388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHERIDAN, MICHAEL T ESQUIRE  
3151 CARISUDO COURT  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARSONS, LYND A  
Address: 6725 COW HOLLOW DRIVE, APT. #1914  
City-St-Zip: CHARLOTTE, NC 28226

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARSONS, LYND A  
Address: 6931 SURREY OAK DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYND A. PARSONS

MGRM

05/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date