

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116204

FILED
Jul 02, 2009
Secretary of State

Entity Name: KELLY B. HAMPTON & ASSOCIATES, LLC

Current Principal Place of Business:

1605 KING STREET
B
JACKSONVILLE, FL 32204

New Principal Place of Business:

644 CESERY BOULEVARD
310
JACKSONVILLE, FL 32211

Current Mailing Address:

1605 KING STREET
B
JACKSONVILLE, FL 32204

New Mailing Address:

644 CESERY BOULEVARD
310
JACKSONVILLE, FL 32211

FEI Number: 20-8006525 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:

HAMPTON, KELLY B
1605 KING STREET
B
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HAMPTON, KELLY B
644 CESERY BOULEVARD
310
JACKSONVILLE, FL 32211 US

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: KELLY B. HAMPTON

07/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMPTON, KELLY B
Address: 1605 KING STREET, SUITE B
City-St-Zip: JACKSONVILLE, FL 32204 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAMPTON, KELLY B
Address: 644 CESERY BOULEVARD, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32211 US

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: KELLY B. HAMPTON

MGR

07/02/2009

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