

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034810

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MCBRIDE KELLY & ASSOCIATES, LLC

**Current Principal Place of Business:**

501 SOUTH DAKOTA AVENUE #5  
TAMPA, FL 33602

**New Principal Place of Business:**

501 SOUTH DAKOTA AVENUE #5  
TAMPA, FL 33606

**Current Mailing Address:**

501 SOUTH DAKOTA AVENUE #5  
TAMPA, FL 33602

**New Mailing Address:**

501 SOUTH DAKOTA AVENUE #5  
TAMPA, FL 33606

**FEI Number:** 20-8771324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCBRIDE, MELBA  
7904 CAPWOOD AVENUE  
TAMPA, FL 33637 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: MGR  
Name: MCBRIDE, BRIAN  
Address: 501 SOUTH DAKOTA AVENUE #2  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: KELLY, RICK A  
Address: 501 SOUTH DAKOTA AVENUE #2  
City-St-Zip: TAMPA, FL 33602

I hereby 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: RICK KELLY

MR

01/04/2011

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