

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002135

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** KELLY'S ASSOCIATION MANAGEMENT LLC

**Current Principal Place of Business:**

191 PINE LANE  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3965  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 26-1854462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROJAS, KELLY  
191 PINE LANE  
CRAWFORDVILLE, FL 32327 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: ROJAS, KELLY  
Address: 191 PINE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: KELLY ROJAS

MGR

04/26/2012

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