

L12000140788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

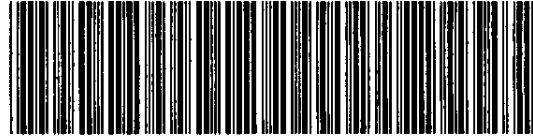
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLEY VENTURES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN KELLEY
Name of Person

KELLEY VENTURES LLC
Firm/Company

550 NE 1ST AVE
Address

HALLANDALE BEACH, FL 33009
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN KELLEY at _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: KELLEY VENIQUES LLC

SECOND: The Florida Document number of the limited liability company is: L12000140788

THIRD: The street address of the limited liability company's principal office is:

550 NE 1ST AVE
HALLANDALE BEACH, FL 33009

The mailing address of the limited liability company's principal office is:

550 NE 1ST AVE
HALLANDALE BEACH, FL 33009

FOURTH: The date the statement of authority became effective is: 12/30/2014

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

[Signature]
Signature of authorized representative

Kelley P KELLEY
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)