L12000140788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 MAR 27 P 2:43

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

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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

CR2E145 (2/14)

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 VENTURES 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, FC 33009

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

550 NE 1ST AVE
HALLANDALE BEACH, FC 33009

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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 of authorized representative

Kevin P Kelley
Typed or printed name of signature

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

CR2E145 (2/14)