L17000099817

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # L17000099817

1. Entity Name

KYLE D. NEAL, ESQ., PLLC

R. WHITE

NOV 18 2020

200355359369

CR2E063B (1/14)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
516 S. Dixie Hwy.	516 S. Dixie Hwy.
Suite, Apt. #, ect. PMB 260	Suite, Apt. #, ect. PMB 260
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number 82-1445846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NEAL, KYLE D.

Street Address (P.O. Box Number is Not Acceptable) 516 S. Dixie Hwy.

PMB 260

City West Palm Beach. FL Zip Code 33401

8. 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. I am familiar with, and accept the obligations of registered agent.

09/22/20--01034--021 **238.75

SIGNATURE _____ DATE

(Signature, typed or printed name of the registered agent and date if applicable)

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $60.00

Make Check Payable to Florida Department of State

E-mail Address: neal.kyle.d@gmail.com

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES / MANAGERS

TITLE	AMBR
NAME	NEAL, KYLE D
STREET ADDRESS	516 S. Dixie Hwy., PMB 260
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Kyle D. Neal AMBR 11.17.20 941-705-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone#