

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052492

**Entity Name:** KELLY SOUTHEAST, LLC

**Current Principal Place of Business:**

3102 ENTERPRISE ROAD  
FT PIERCE, FL 34982

**Current Mailing Address:**

PO BOX 13571  
FORT PIERCE, FL 34979

**FEI Number:** 20-4916657

**Certificate of Status Desired:** No

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

KELLY, KYLE D  
3102 ENTERPRISE ROAD  
FT PIERCE, FL 34982 US

*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

**Authorized Person(s) Detail :**

|                 |                    |                 |                      |
|-----------------|--------------------|-----------------|----------------------|
| Title           | MGR                | Title           | MANAGER              |
| Name            | KELLY, KYLE        | Name            | KELLY, MARVIN D.     |
| Address         | PO BOX 13571       | Address         | PO BOX 13571         |
| City-State-Zip: | FT PIERCE FL 34979 | City-State-Zip: | FORT PIERCE FL 34979 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE D KELLY

**MGR**

**02/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date