

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013075

**Entity Name:** THE O. L. KELLY GROUP, LLC**Current Principal Place of Business:**834 W. LAKE MANN DR.  
ORLANDO, FL 32805**Current Mailing Address:**834 W. LAKE MANN DR.  
ORLANDO, FL 32805 US**FEI Number:** 26-2011408**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASHBURN, ERIC S  
102 E. MAPLE STREET  
WINTER GARDEN, FL 34787 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:** ERIC S MASHBURN

04/30/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name THE ALICE MILDRED KELLY LIVING TRUST  
Address 834 W. LAKE MANN DR.  
City-State-Zip: ORLANDO FL 32805

Title AUTHORIZED REPRESENTATIVE  
Name GILES, CASSANDRA L  
Address 834 W. LAKE MANN DR.  
City-State-Zip: ORLANDO FL 32805

Title MANAGER (OF THE O. L. KELLY GROUP) AND TRUSTEE (OF THE ALICE MILDRED KELLY LIVING TRUST)  
Name KELLY, RAYMER O  
Address 834 W. LAKE MANN DR.  
City-State-Zip: ORLANDO FL 32805

*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:** RAYMER O. KELLY

MANAGER AND TRUSTEE 04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date