

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054310

**Entity Name:** KEY MOMENTS, LLC

**Current Principal Place of Business:**

327 OFFICE PLAZA DRIVE, SUITE 210  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 12412  
TALLAHASSEE, FL 32317 US

**FEI Number:** 27-2616134

**Certificate of Status Desired:** No

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

ELEKES, ANDREW J  
1846 WAGON WHEEL CIRCLE E  
TALLAHASSEE, FL 32317 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 MGRM  
Name ELEKES, ANDREW J PHD  
Address 1846 WAGON WHEEL CIRCLE E  
City-State-Zip: TALLAHASSEE FL 32317

*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:** ANDREW J ELEKES

MGMT

04/28/2014

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

\_\_\_\_\_  
Date