

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078565

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC4399871190**

**Entity Name:** BARBARA CONNOLLY ASSOCIATES LLC

**Current Principal Place of Business:**

2805 N. A1A HIGHWAY  
SUITE 504  
INDIALANTIC, FL 32903

**Current Mailing Address:**

2805 N. A1A HIGHWAY  
SUITE 504  
INDIALANTIC, FL 32903 US

**FEI Number:** 45-2721129

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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 CONNOLLY, BARBARA H  
Address 2805 N. A1A HIGHWAY SUITE 504  
City-State-Zip: INDIALANTIC FL 32903

Title MGRM  
Name CONNOLLY, MICHAEL J  
Address 2805 N. A1A HIGHWAY SUITE 504  
City-State-Zip: INDIALANTIC FL 32903

Title MGRM  
Name CONNOLLY, CAYCE A  
Address 2805 N. A1A HIGHWAY SUITE 504  
City-State-Zip: INDIALANTIC FL 32903

*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:** BARBARA H. CONNOLLY

**PRESIDENT**

**02/01/2016**

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

\_\_\_\_\_  
Date