

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000051472

**Entity Name:** KRIS & HAL SERVICES "LLC."

**Current Principal Place of Business:**

4013 N. MYRTLE AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

4013 N. MYRTLE AVENUE  
TAMPA, FL 33603

**FEI Number:** 45-5153947

**Certificate of Status Desired:** No

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

CROCKETT, KRISTINA  
4013 N. MYRTLE AVENUE  
TAMPA, FL 33603 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	MGRM
Name	CROCKETT, KRISTINA	Name	BONDS, HAROLD
Address	4013 N. MYRTLE AVENUE	Address	4013 N. MYRTLE AVENUE
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

*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:** KRISTINA CROCKETT

**OWNER**

**04/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date