

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000155575

Entity Name: KILLEARN CENTER LLC

Current Principal Place of Business:

3738 KILLEARN CENTER CT
A
TALLAHASSEE, FL 32309

Current Mailing Address:

3738 KILLEARN CENTER CT
A
TALLAHASSEE, FL 32309

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONARD III, COMAN C
3738 KILLEARN CENTER CT
A
TALLAHASSEE, FL 32309 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: COMAN C LEONARD III

04/24/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LEONARD, COMAN CIII
Address 3738 KILLEARN CENTER CT, STE A
City-State-Zip: TALLAHASSEE FL 32309

Title MGR
Name LEONARD, MIRTHA L
Address 3837 KILLEARN CENTER CT
STE A
City-State-Zip: TALLAHASSEE FL 32309

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: COMAN LEONARD

MGR

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date