

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000060726

Entity Name: KIMBERLY SESSIONS, LLC

Current Principal Place of Business:

4385 TRADEWINDS DR
JACKSONVILLE, FL 32250

Current Mailing Address:

4385 TRADEWINDS DR
JACKSONVILLE, FL 32250

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SESSIONS, KIMBERLY
4385 TRADEWINDS DR
JACKSONVILLE, FL 32250 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 P
Name SESSIONS, KIMBERLY
Address 43.85 TRADEWINDS DR
City-State-Zip: JACKSONVILLE FL 32250

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: KIMBERLY SESSIONS

P

01/12/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date