#### 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: BILLY J KELLY

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

BILLY, KELLY J 107 JEFFERSON ST LAKE WALES, FL 33859 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.

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGRM Name BILLY, KELLY J Address 107 JEFFERSON ST City-State-Zip: LAKEWALES FL 33859

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

107 JEFFERSON ST LAKE WALES. FL 33859

### **Current Mailing Address:**

DOCUMENT# L13000064292

**107 JEFFERSON ST** LAKE WALES. FL 33859 US

## FEI Number: 30-0781059

04/26/2018

Date

04/26/2018 Date

### FILED Apr 26, 2018 Secretary of State CC4911275742

Certificate of Status Desired: No

CHIEF