# 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.

OWNER

SIGNATURE: BURKE E KELLERMANN

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Principal Place of Business:** 210 GIBSON WAY

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: KELLERMANN'S MOBILE CUSTOM AUDIO, LLC

PORT ORANGE, FL 32129

## **Current Mailing Address:**

210 GIBSON WAY PORT ORANGE. FL 32129

DOCUMENT# L13000101818

### FEI Number: 46-3359795

### Name and Address of Current Registered Agent:

KELLERMANN, BURKE E 210 GIBSON WAY PORT ORANGE, FL 32129 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	FORREST, MELISSA B	Name	KELLERMAN, BURKE E
Address	210 GIBSON WAY	Address	210 GIBSON WAY
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129

Date

FILED Feb 21, 2015 Secretary of State CC6813033304

Certificate of Status Desired: Yes

02/21/2015

Date