

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000075412

Entity Name: E.SEAN KELLEY M.D. L.L.C.

Current Principal Place of Business:

730 GOODLETTE RD N
203
NAPLES, FL 34102

Current Mailing Address:

600 PORTSIDE DRIVE
NAPLES, FL 34103

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLEY, KIMBERLY
600 PORTSIDE DRIVE
NAPLES, FL 34103 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 MGRM
Name KELLEY, EDWARD S
Address 600 PORTSIDE DRIVE
City-State-Zip: NAPLES FL 34103

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: EDWARD S KELLEY

MEMBER

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date