

**2018 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:** 47-3895477

**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	Title	AMBR
Name	KELLEY, EDWARD S	Name	KELLEY, KIMBERLY A.
Address	600 PORTSIDE DRIVE	Address	600 PORTSIDE DRIVE
City-State-Zip:	NAPLES FL 34103	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:** KIMBERLY A KELLEY

AMBR

02/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date