

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000112298

**Entity Name:** WALTER KELLING III, LLC

**Current Principal Place of Business:**

764 PHYLLIS ST  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

764 PHYLLIS ST  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** 47-4386815

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLING, WALTER E III  
764 PHYLLIS ST  
PORT CHARLOTTE, FL 33948 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 MGR  
Name KELLING, WALTER E III  
Address 764 PHYLLIS ST  
City-State-Zip: PORT CHARLOTTE FL 33948

Title AR  
Name CHANEY, JENNIFER M  
Address 764 PHYLLIS ST  
City-State-Zip: PORT CHARLOTTE FL 33948

Title AUTHORIZED REPRESENTATIVE  
Name KELLING, WALTER EUGENE IV  
Address 764 PHYLLIS ST  
City-State-Zip: PORT CHARLOTTE FL 33948

*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:** WALTER KELLING III

MGR

03/12/2023

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

\_\_\_\_\_ Date