

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000028801

**Entity Name:** KELLEY FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

550 CASCADE CIRCLE  
#107  
CASSELBERRY, FL 32707

**Current Mailing Address:**

550 CASCADE CIRCLE  
APT 102  
CASSELBERRY, FL 32707 US

**FEI Number:** 81-5340511

**Certificate of Status Desired:** No

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

KELLEY, TRAVIS J  
1015 STATE ROAD 436  
SUITE 245  
CASSELBERRY, FL 32707 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 KELLEY, TRAVIS  
Address 1015 STATE ROAD 436  
SUITE 245  
City-State-Zip: CASSELBERRY FL 32707

*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:** TRAVIS KELLEY

MGR

02/15/2024

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

\_\_\_\_\_  
Date