

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000032449

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**5048673656CC**

**Entity Name:** DANIEL M AND KELLY A POHLAR, LLC

**Current Principal Place of Business:**

2401 S. ATLANTIC AVE.  
APT C406  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

2401 S. ATLANTIC AVE.  
APT C406  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 82-1468053

**Certificate of Status Desired:** No

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

POHLAR, KELLY A  
2401 S. ATLANTIC AVE.  
APT C406  
NEW SMYRNA BEACH, FL 32169 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 POHLAR, DANIEL M  
Address 2401 S. ATLANTIC AVE.  
APT C406  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGR  
Name POHLAR, KELLY A  
Address 2401 S. ATLANTIC AVE.  
APT C406  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** KELLY A POHLAR

**MANAGER**

**04/24/2019**

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

\_\_\_\_\_  
Date