

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000152478

**Entity Name:** 14704 KELSON CIRCLE LLC

**Current Principal Place of Business:**

14704 KELSON CIRCLE  
NAPLES, FL 34114

**Current Mailing Address:**

PO BOX 273  
WHIPPANY, NJ 07981 US

**FEI Number:** 92-2453409

**Certificate of Status Desired:** No

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

BESSLER, ARTHUR  
14704 KELSON CIRCLE  
NAPLES, FL 34114 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            AMBR  
Name            BESSLER, ARTHUR J  
Address        PO BOX 273  
City-State-Zip: WHIPPANY NJ 07981

Title            AMBR  
Name            YOUSSEF-BESSLER, MANAL F MD  
Address        PO BOX 273  
City-State-Zip: WHIPPANY NJ 07981

*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:** ARTHUR BESSLER

AMBR

02/05/2024

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

\_\_\_\_\_ Date