

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001432

**Entity Name:** KELLIS JOINT VENTURE, LLC**Current Principal Place of Business:**270 BRUNER ROAD  
LEXINGTON, SC 29072**Current Mailing Address:**270 BRUNER ROAD  
LEXINGTON, SC 29072**FEI Number:** 31-1783753**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCLAREN, JOHN  
4134 HWY. 441 SOUTH  
LAKE CITY, FL 32025 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  
Name KELLIS, III, ROM D  
Address 1130 SHULL ISLAND ROAD  
City-State-Zip: GILBERT SC 29054

Title MGRM  
Name KELLIS, ROBIN M  
Address 1130 SHULL ISLAND ROAD  
City-State-Zip: GILBERT SC 29054

Title MGRM  
Name KELLIS, IV, ROM D  
Address 535 BIMINI TWIST CIRCLE  
City-State-Zip: LEXINGTON SC 29072

Title MGRM  
Name KELLIS, RHETT D  
Address 115 FIDLER BRANCH CT.  
City-State-Zip: LEXINGTON SC 29072

Title MGRM  
Name HAMILTON, RACHAEL A  
Address 9 DANDIE DRIVE  
City-State-Zip: SIMPSONVILLE SC 29680-7834

Title MGRM  
Name KELLIS, ROSS D  
Address 511 WEST CHURCH ST.  
City-State-Zip: SALUDA SC 29138

Title MGRM  
Name AVERY, RALEIGH KELLIS  
Address 1130 SHULL ISLAND RD  
City-State-Zip: GILBERT SC 29054

Title MGRM  
Name PHIPPS, ROCHELLE KELLIS  
Address 1130 SHULL ISLAND ROAD  
City-State-Zip: GILBERT SC 29054

*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:** KELLIS, III, ROM D

MGRM

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date