

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213227

**Entity Name:** KEAGLES, LLC

**Current Principal Place of Business:**

10110 S TROPICAL TRL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

10110 S. TROPICAL TRL.  
MERRITT ISLAND, FL 32952 US

**FEI Number: 81-1062845**

**Certificate of Status Desired:** No

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

AMOZIG, ALBERT  
10110 S. TROPICAL TRL.  
MERRITT ISLAND, FL 32952 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 AMOZIG, ALBERT  
Address 10110 S. TROPICAL TRL.  
City-State-Zip: MERRITT ISLAND FL 32952

Title AMBR  
Name AMOZIG, KARINE  
Address 10110 S. TROPICAL TRL.  
City-State-Zip: MERRITT ISLAND FL 32952

*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: KARINE AMOZIG**

**AMBR**

**01/23/2017**

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

\_\_\_\_\_  
Date