

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002250

1. Entity Name

KELLER IRONWORKS, L.L.C.

APPROVED
AND
FILED

01 APR 24 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11005 BRISTOL BAY DR., #605
BRADENTON FL 34209

Mailing Address

11005 BRISTOL BAY DR., #605
BRADENTON FL 34209

2. Principal Place of Business

10625 Grant Street
Suite, Apt. #, etc.

3. Mailing Address

10625 Grant Street
Suite, Apt. #, etc.

City & State

Chisago City MN

City & State

Chisago City MN

Zip

55013

Country

USA

Zip

55013

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKMAN, JAMES D ESQ.
4608 26TH ST. W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004161927--4
-05/08/01--01058--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR KELLER, TOM
STREET ADDRESS 11005 BRISTOL BAY DR., #605
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE NAME MGR KELLER, BETH
STREET ADDRESS 11005 BRISTOL BAY DR., #605
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR Tom Keller ☒ Change ☐ Addition
STREET ADDRESS 10625 Grant Street
CITY-ST-ZIP Chisago City, MN 55013

TITLE NAME MGR Beth Keller ☒ Change ☐ Addition
STREET ADDRESS 10625 Grant Street
CITY-ST-ZIP Chisago City, MN 55013

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)