

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006847

1. Entity Name
T.F. KEEFE, LLC

Principal Place of Business
265 FORT SMITH BLVD
DELTONA FL

Mailing Address
265 FORT SMITH BLVD
DELTONA FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KEEFE, TIMOTHY
265 FORT SMITH BLVD
DELTONA FL

7. Name and Address of New Registered Agent

Name

TIMOTHY F. KEEFFE

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

265 FORT SMITH BLVD

City

DELTONA

FL

Zip Code

32738

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MANAGER
TIMOTHY F. KEEFFE
STREET ADDRESS
265 FORT SMITH BLVD.
CITY-ST-ZIP
DELTONA, FL 32738

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
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TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED

01 FEB 19 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3658890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083 (11/00)