

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015736

1. Entity Name

THOMAS KEAVENY, LLC

FILED

01 MAY -1 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1531 S Tamiami Trail
Suite 703
Venice FL 34292

1531 S Tamiami Trail
Suite 703
Venice FL 34292

2. Principal Place of Business

3. Mailing Address

Suite 1531 S Tamiami Trail
Suite 703
City Venice FL 34292

Suite 1531 S Tamiami Trail
Suite 703
City Venice FL 34292

Zip

Country

Zip

Country

4. FEI Number

05-1069868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROD KHEIF

Street Address / P.O. Box

1531 S Tamiami Trail
Suite 703
City Venice FL 34292

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

ROD KHEIF

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

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004287763--6

05/22/01--01093--017

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ROD KHEIF
1531 S Tamiami Trail
Suite 703
Venice FL 34292

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

ROD KHEIF

4-27-01

941-497-4000

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

Date

Daytime Phone #

CR2E083 (1/100)