

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008677

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: KEVA, LLC

**Current Principal Place of Business:**

520 4TH ST NORTH  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

D. GRAYSON/ GENSPRING FAMILY OFFICES  
450 CARILLON PKWY, STE 200  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 59-3759209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GRAYSON, DARLENE  
C/O GENSPRING FAMILY OFFICES  
450 CARILLON PKWY STE 200  
SAINT PETERSBURG, FL 33716 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PT ( ) Delete  
Name: MOREAN, WILLIAM D  
Address: 520 4TH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPS ( ) Delete  
Name: MOREAN, KELLY D  
Address: 520 4TH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM D. MOREAN

PT

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date