

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90119 014 ****50.00

DOCUMENT # L01000009365

1. Entity Name

J.C. KEAVNEY ARCHITECTURE AND PLANNING, L.L.C.



Principal Place of Business

2934 SW 22ND CIR
UNIT B
DELRAY BEACH FL 33445

Mailing Address

2934 SW 22ND CIR
UNIT B
DELRAY BEACH FL 33445

2. Principal Place of Business

298 PINEAPPLE GROVE WAY

Suite, Apt. #, etc.

3. Mailing Address

298 PINEAPPLE GROVE WAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

4. FEI Number **65-1116550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~KEAVNEY, JAMES C~~
~~8600 S OCEAN DR #703~~
~~JENSEN BEACH FL 34957~~

7. Name and Address of New Registered Agent

Name **JAMES C KEAVNEY**

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

2934 SW 22ND CIR UNIT B

City **DELRAY BEACH**

FL

Zip Code

33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES C. KEAVNEY PRES**

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

(NOTE: Registered Agent signature required when reinstating)

3/20/03

Date

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KEAVNEY, JAMES C**
STREET ADDRESS **2934 SW 22ND CIR UNIT B**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **T** ☐ Delete
NAME **KEAVNEY, JAMES C SR**
STREET ADDRESS **8600 S OCEAN DR #703**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **NAME** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **NAME** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **NAME** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **NAME** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **JAMES C. KEAVNEY SR**
STREET ADDRESS **118 COTTONWOOD CT #1959**
CITY-ST-ZIP **SAPPHIRE, N.C. 28774**

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

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

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

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

TITLE **NAME** ☐ Change ☐ Addition
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: X SIGNATURE REQUIRED

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

Date

March 21, 2003

Daytime Phone #

561 278-8644

CR2E083 (10/02)

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