2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000011702

1. Entity Name
KESO, LLC

Principal Place of Business	Mailing Address
222 S WESTMINISTER DR STE 210 ALTAMONTE SPRINGS, FL 32714	222 S WESTMINISTER DR STE 210 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
03-0422856
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALD & OSWALD, P.L.
222 S WESTMINISTER DR STE 210
ALTAMONTE SPRINGS, FL 32714

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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: [signature] - NO CHANGES 1/3/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000775602
01/08/08-80031-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OSWALD, KENNETH F ATTY
STREET ADDRESS	222 S WESTMINISTER DR #210
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGRM
NAME	OSWALD, SANDRA W
STREET ADDRESS	222 S WESTMINISTER DR #210
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 1/3/08 407/647-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #