FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90756 047 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013562

1. Entity Name

THANKS AND KEPPI ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

44003025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6708 N UNIVERSITY DR	5372 NW 89 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FL	City & State: SUNRISE, FL
Zip: 33321 Country:	Zip: 33351 Country:

4. FEI Number: 65-1130391 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DEBRA A.H. MYERS

Street Address (P.O. Box Number is Not Acceptable): 5372 NW 89 AVE

City: SUNRISE FL Zip Code: 33351

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: DEBRA A MYERS MANAGER April 28 2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MEMBER~~ MANAGER	TITLE	
NAME	DEBRA A.H. MYERS	NAME	
STREET ADDRESS	5372 NW 89 AVE	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33351	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	THANKS STEPHEN MYERS	NAME	
STREET ADDRESS	5372 NW 89 AVE	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33351	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E083B (12/02)

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: THANKS STEPHEN MYERS MANAGING MEMBER April 28, 2003 (954) 747 8632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1