

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020571

1. Entity Name
KEW, L.L.C.



Principal Place of Business
500 CONE ROAD
MERRITT ISLAND, FL 32952

Mailing Address
PO BOX 541682
MERRITT ISLAND, FL 32954-1682

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3759636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEALS, ROBERT L
730 E STRAWBRIDGE
STE 101
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ERDMAN, MICHAEL H
STREET ADDRESS	445 E. MERRITT ISLAND CSWY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	KENNEDY, WILLIAM
STREET ADDRESS	1545 E. MERRITT ISLAND CSWY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	WATSON, DUANE A
STREET ADDRESS	335 S. PLUMOSA STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000890485
04/22/08-80096-025 138.75

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

Date

Daytime Phone #