2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
05-01-2003 90272 037 ****50.00

DOCUMENT # L01000022314

1. Entity Name
WILLIAM KESTERSON, LLC

44005372

Principal Place of Business	Mailing Address
1742 LAKE WAUMPI DRIVE MAITLAND, FL 32751	1742 LAKE WAUMPI DRIVE MAITLAND, FL 32751

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1742 LAKE WAUMPI DRIVE		1742 LAKE WAUMPI DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MAITLAND FL		City & State: MAITLAND FL	
Zip: 32751	Country: USA	Zip: 32751	Country: USA

4. FEI Number: 04-3592645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KESTERSON, WILLIAM
1742 LAKE WAUMPI DRIVE
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name: N.A.
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 N.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER, OWNER WILLIAM KESTERSON 1742 LAKE WAUMPI DRIVE MAITLAND, FL 32751 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: William L. Kesterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 7/1/03 Daytime Phone #: 407-264-4606

CR2E083 (10/02)

attachment

5/1/2003-90272-037-$50.00-$50.00

5/1/

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND FL SAME	City & State: MAITLAND FL SAME
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NONE — NONE

CR2E083 (10/02)

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SIGNATURE: William Kesterson 4/16/03 407-264-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SUNBIZ.ORG