

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90340 010 \*\*\*\*50.00

**DOCUMENT # L02000006709**

1. Entity Name

**KEENSHOT, L.L.C.**



Principal Place of Business

**500 N. CONGRESS AVE., APT. E210  
DELRAY BEACH FL 33445**

Mailing Address

**500 N. CONGRESS AVE., APT. E210  
DELRAY BEACH FL 33445**

2. Principal Place of Business

**501 INDUSTRIAL STREET**

3. Mailing Address

**1908 ARABIAN ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FLORIDA**

City & State

**WEST PALM BEACH, FLORIDA**

4. FEI Number

**35-2163687**

Applied For

Not Applicable

Zip

Country

**33461-3868 PALM BEACH**

Zip

Country

**33406 PALM BEACH**

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YEARWOOD, JOHN R  
500 N. CONGRESS AVE., APT. E210  
DELRAY BEACH FL 33445**

Name

**YEARWOOD, JOHN R.**

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

**1908 ARABIAN ROAD**

City

**WEST PALM BEACH**

FL

Zip Code

**33406**

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]*

**1-9-03**

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 **MGR** ☐ Delete  
NAME **YEARWOOD, JOHN R**  
STREET ADDRESS **500 N. CONGRESS AVE., APT. E210**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **YEARWOOD, JOHN R**  
STREET ADDRESS **1908 ARABIAN ROAD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*[Signature]* **SIGNATURE REQUIRED**

**1-9-03**

**(561) 588-4330**

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

Date

Daytime Phone #

CR2E083 (10/02)