

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

09-24-2003 90049 012 \*\*\*\*\*50.00

DOCUMENT # L02000010566

1. Entity Name

KRISDENN ENTERPRISES, LLC



Principal Place of Business

304 W. KARI CT.  
JACKSONVILLE FL 32259

Mailing Address

304 W. KARI CT.  
JACKSONVILLE FL 32259

2. Principal Place of Business

1547 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

1547 MAIN STREET

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

02-0606800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

90158452



6. Name and Address of Current Registered Agent

LEGALZOOM.MEVADA-INC  
111 N.E. FIRST STREET  
SUITE 901  
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

William D. Schaeffer

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

1261 BAY HARBOR DRIVE

APT # 6 - 306

City

PALM HARBOR

FL

Zip Code

34685

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

William D. Schaeffer

V.P.

9/21/03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MEMBER~~ ~~MANAGER~~ ☐ Delete  
NAME ~~CAROLYN G. SCHAEFFER~~  
STREET ADDRESS ~~1261 BAY HARBOR DRIVE, APT #6-306~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

TITLE ~~MEMBER~~ ~~MANAGER~~ ☐ Delete  
NAME ~~WILLIAM D. SCHAEFFER~~  
STREET ADDRESS ~~1261 BAY HARBOR DRIVE, APT #6-306~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~MEMBER~~ ~~MANAGER~~ ☐ Change ☒ Addition  
NAME ~~CAROLYN G. SCHAEFFER~~  
STREET ADDRESS ~~1261 BAY HARBOR DRIVE, APT #6-306~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

TITLE ~~MEMBER~~ ~~MANAGER~~ ☐ Change ☒ Addition  
NAME ~~WILLIAM D. SCHAEFFER~~  
STREET ADDRESS ~~1261 BAY HARBOR DRIVE, APT #6-306~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

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

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

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

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:

William D. Schaeffer

9/21/03

727-204-7577

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

Date

Daytime Phone #

CR2E083 (4/03)