

FILED
Apr 02, 2003 8:00 am
Secretary of State

02-28-2003 90037 042 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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2/2

DOCUMENT # L02000028693

1. Entity Name

KEYSPORTS SALES, LLC



Principal Place of Business

290 MANOR OAKS CT.
SANFORD FL 32771

Mailing Address

290 MANOR OAKS CT.
SANFORD FL 32771

2. Principal Place of Business

290 MANOR OAKS CT.

3. Mailing Address

290 MANOR OAKS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FBI Number

N/A

Applied For

☒ Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYSOR, DANIEL C.
290 MANOR OAKS CT.
SANFORD FL 32771

Name

DAN KEYSOR

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

290 MANOR OAKS CT.

City

SANFORD

FL

Zip Code

32771

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 use 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

TITLE: MANAGER
NAME: DANIEL C. KEYSOR
STREET ADDRESS: 290 MANOR OAKS CT.
CITY-ST-ZIP: SANFORD, FL 32771

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☒ Delete
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10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP:
☐ Change ☐ Addition

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:

Daniel C. Keysor REQUIRED

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

Date

2/24/03

Daytime Phone #

407.330.6834

CP2003 (10/02)