

**2008 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000016808

1. Entity Name
KELDORFF REALTY, LLC



Principal Place of Business
**101 S. COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND, FL 32952**

Mailing Address
**101 S. COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND, FL 32952**



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1467519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLER, BARBARA K
101 S. COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND, FL 32952**

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLER, BARBARA K
STREET ADDRESS	101 S. COURTENAY PARKWAY, STE 201
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	BURGDORFF, JEAN T
STREET ADDRESS	101 S. COURTENAY PARKWAY, STE 201
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000896048
04/24/08-80091-025 138.75

**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

4/9/08

Date

321 394 7701

Daytime Phone #