

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 9:40

DOCUMENT # L03000029290

1. Entity Name
KEYSTONE MARKETING ASSOCIATES, LLC



Principal Place of Business
450 HUNTER LANE
LAKE FOREST, IL 60045

Mailing Address
450 HUNTER LANE
LAKE FOREST, IL 60045

2. Principal Place of Business

3. Mailing Address
309 W. Washington

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 950

City & State

City & State

Chicago, IL

Zip

Country

Zip

Country

60606

U.S.

04112006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-0364292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name James P. Covert

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

2647 Nelson Ct.

City Weston

FL

Zip Code 33332

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

James P. Covert

James P. Covert

6-5-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COVERT, JAMES P
STREET ADDRESS 450 HUNTER LANE
CITY-ST-ZIP LAKE FOREST, IL 60045

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME Covert, Penny
STREET ADDRESS 450 Hunter Lane
CITY-ST-ZIP Lake Forest, IL 60045

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

James P. Covert

James P. Covert

6-5-06

954-348-4954

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

Date

Daytime Phone #