

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030888

FILED
Apr 03, 2009
Secretary of State

Entity Name: KESLAND, LLC

Current Principal Place of Business:

146 S ATLANTIC AVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

600 STERTHAUS AVE
HSE BOX
ORMOND BEACH, FL 32174 US

Current Mailing Address:

93 PINECREST AVE
ORMOND BEACH, FL 32176

New Mailing Address:

600 STERTHAUS AVE
HSE BOX
ORMOND BEACH, FL 32174 US

FEI Number: 56-2397502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRANE, THAO
93 PINECREST
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

MCGRANE, THAO
600 STERTHAUS AVE
HSE BOX
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: THAO MCGRANE

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGRANE, THAO
Address: 93 PINECREST
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM (X) Delete
Name: MCGRANE, EUGENE W JR.
Address: 146 SOUTH ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGRANE, THAO
Address: 600 STERTHAUS AVE, HSE BOX
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THAO MCGRANE

MGR

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date