

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90010 044 ****50.00

DOCUMENT # L030000046347

1. Entity Name

Keith A. Van Orden LLC



Principal Place of Business

Mailing Address

24069807



MOORE

CR2E083 (11/03)

2. Principal Place of Business

P.O. Box 4402

3. Mailing Address

P.O. Box 4402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa Springs

City & State

Homosassa Springs

4. FEI Number

20-0412870

Applied Fee

Not Applicable

Zip

34447

Country

Citrus

Zip

34447

Country

Citrus

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Keith A. Van Orden
11799 W. Valley Spring Ln.
Homosassa, FL 34448

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE Operating Manager
NAME Keith A. Van Orden
STREET ADDRESS 11799 W. Valley Spring Ln.
CITY-ST-ZIP Homosassa, FL 34448

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 606, Florida Statutes.

SIGNATURE:

Keith A. Van Orden