


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000046347 1. Entity Name KEITH A. VAN ORDEN, LLC					
Principal Place of Business P O BOX 4402 HOMOSASSA SPRINGS FL 34447			Mailing Address P O BOX 4402 HOMOSASSA SPRINGS FL 34447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0412870 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN ORDEN, KEITH A 11799 W VALLEY SPRING LN HOMOSASSA FL 34448			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 reinstalling) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN ORDEN, KEITH A		NAME		
STREET ADDRESS	11799 W VALLEY SPRING LN		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 608, Florida Statutes.					
SIGNATURE: <u>Keith A. Van Orden Managing Member (Keith A. Van Orden)</u> 3/4/05 (352) 279-6805					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



1st MOORE

CR2E083 (10/04)

4. FEI Number **20-0412870**

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☐ Not Applicable

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11799 W VALLEY SPRING LN
HOMOSASSA FL 34448

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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☐ Change ☐ Addition
UN00000313589
04/18/05-80131-005 50.00

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SIGNATURE: Keith A. Van Orden Managing Member (Keith A. Van Orden) 3/4/05 (352) 279-6805

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

Date

Daytime Phone #