

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90084 026 ****50.00

DOCUMENT # L03000054457

1. Entity Name

RICHARD KEISER CLEANING LLC



Principal Place of Business

4343 NAOMI DRIVE
LAKE WORTH FL 33463

Mailing Address

4343 NAOMI DRIVE
LAKE WORTH FL 33463

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Mr. Richard Keiser
90 Bridgette Blvd.
Lake Worth, FL 33463



Mr. Richard Keiser
90 Bridgette Blvd.
Lake Worth, FL 33463

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0495492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEISER, RICHARD
4343 NAOMI DRIVE
LAKE WORTH FL 33463

Mr. Richard Keiser
90 Bridgette Blvd.
Lake Worth, FL 33463

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

Richard A. Keiser

2/1/07

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

(Not for Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME: MGRM ☒ Delete
STREET ADDRESS: KEISER, RICHARD
CITY - ST - ZIP: 4343 NAOMI DRIVE
LAKE WORTH FL 33463

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: MGRM ☐ Delete
STREET ADDRESS: Mr. Richard Keiser
CITY - ST - ZIP: 90 Bridgette Blvd.
LAKE WORTH, FL 33463

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
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TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard A. Keiser

2/1/07

3616490946