

ANNUAL REPORT

DOCUMENT # L04000010690

1. Entity Name
STEPHEN KEEFER CARPENTRY LLC



FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90028 036 ****50.00

Principal Place of Business
3627 S. SUMMERLIN AVE
ORLANDO, FL 32806 US

Mailing Address
3627 S. SUMMERLIN AVE
ORLANDO, FL 32806 US



2. Principal Place of Business
3184 Hidalgo Dr
Suite, Apt. #, etc.

3. Mailing Address
3184 Hidalgo Dr.
Suite, Apt. #, etc.

02162005 Chg-LLC CR2E083 (10/03)

City & State
Orlando, Florida
Zip
32812
Country
US

City & State
Orlando, FL
Zip
32812
Country
US

4. FEI Number
589-07-9055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEEFER, STEPHEN P
3627 S. SUMMERLIN AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name *Keefe, Stephen P*
Street Address (P.O. Box Number is Not Acceptable)
3184 Hidalgo Dr.
City *Orlando* FL Zip Code *32812*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

2/28/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KEEFER, STEPHEN P
3627 S. SUMMERLIN AVE
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Keefe, Stephen P
3184 Hidalgo Dr.
Orlando, FL 32812 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]*

Signature and Title of Officer, Manager, or Receiver of the Limited Liability Company

Stephen P. Keefe MGR

2/28/05

Date

Florida Statute 608