

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90052 005 ****50.00

DOCUMENT # L04000017845

1. Entity Name
KESSER FINANCE COMPANY, LLC



Principal Place of Business
**2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698 US**

Mailing Address
**2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698 US**

20000246



2. Principal Place of Business

4684 ORANGE GROVE WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1283

Suite, Apt. #, etc.

01042006 Chg-LLC CR2E083 (11/05)

City & State

PALM HARBOR FLORIDA

Zip
34684-4023

Country
USA

City & State

DUNEDIN FLORIDA

Zip
34697-1283

Country
USA

4. FEI Number

56-2440812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUBOTSKY, DAVID A
2494 BAYSHORE BLVD
SUITE 102
DUNEDIN, FL 34698**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LUBOTSKY, DAVID A
2494 BAYSHORE BLVD, SUITE 102
DUNEDIN, FL 34698** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LUBOTSKY, TERRY L
17980 GULF BLVD, APT 503
REDINGTON SHORES, FL 33708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: David A Lubotsky **DAVID A LUBOTSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/06/06
Date

(727) 733-5504
Daytime Phone #