## **FILED** 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** Feb 12, 2007 08:00 AM DOCUMENT # L04000024632 **Secretary of State** 1. Entity Name **KEYSTONE SALES & SERVICE LLC** Principal Place of Business Mailing Address 4865 SR. 60 EAST 4865 SR. 60 EAST LAKE WALES, FL 33898 LAKE WALES, FL 33898 02012007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1160153 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DARTT, DAVID C DO NOT WRITE 4865 SR. 60 EAST LAKE WALES, FL 33898 IN THIS SPACE 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DARTT, DAVID C NAME 4865 SR. 60 EAST STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE 000000632939 02/21/07-80042-005 50.00 NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE** IN THIS SPACE

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:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

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