

LD4000078076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

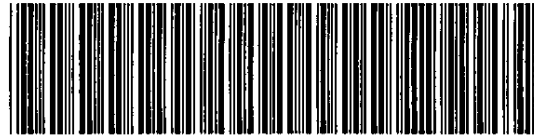
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000081296940

11/07/06--01005--001 \*\*87.50

FILED  
06 NOV 27 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cm✓

RA Res.  
sf



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2006

PATRICIA L. KEENE  
KEENE ENTERPRISES, LLC  
6470 SW 80TH AVENUE #A  
TRENTON, FL 32693

SUBJECT: KEENE ENTERPRISES, LLC  
Ref. Number: L04000078076

We have received your document for KEENE ENTERPRISES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A LIMITED LIABILITY COMPANY NOT A CORPORATION. THE WRONG FORM HAS BEEN SUBMITTED.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 106A00066594

RECEIVED  
06 NOV 27 AM 8:00  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Keene Enterprises, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000078076

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA L. Keene  
(Name of Person)

Keene Enterprises, LLC  
(Name of Firm/Company)

6470 SW 80th Ave  
(Address)

Trenton, FL 32693  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA L. Keene at (352) 463-0800  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PATRICIA L. Keene, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Keene Enterprises, LLC  
(Name of Limited Liability Company)

LO4000078076  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Patricia L. Keene  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**FILED**  
06 NOV 27 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314