

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000007524

**FILED**  
**Oct 11, 2008**  
**Secretary of State**

**Entity Name:** KECKEISSEN INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

1434 ALHAMBRA DRIVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

603 S. 5TH STREET  
SANGER, TX 76266

**Current Mailing Address:**

1434 ALHAMBRA DRIVE  
FORT MYERS, FL 33901

**New Mailing Address:**

603 S. 5TH STREET  
SANGER, TX 76266

**FEI Number:** 20-2234090      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FRANK KECKEISSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO      ( ) Delete  
Name: KECKEISSEN, FRANK A  
Address: 1434 ALHAMBRA DRIVE  
City-St-Zip: FT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: CEO      (X) Change ( ) Addition  
Name: KECKEISSEN, FRANK A  
Address: 603 S. 5TH STREET  
City-St-Zip: SANGER, TX 76266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK KECKEISSEN

CEO

10/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date