

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022014

FILED  
Jul 19, 2009  
Secretary of State

**Entity Name:** KEYSTONE CONSULTING ASSOCIATES OF FLORIDA, LLC

**Current Principal Place of Business:**

9915 TATE LANE  
TAMPA, FL 33626

**New Principal Place of Business:**

413 W. DE LEON ST.  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 25241  
TAMPA, FL 336225241

**New Mailing Address:**

FEI Number: 20-2438455      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:**

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

HARDEN, CLAUDE M III  
2888 MAHAN DRIVE, SUITE 7  
TALLAHASSEE, FL 32308      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP      ( ) Delete  
Name: KECK, SHAUN A  
Address: PO BOX 25241  
City-St-Zip: TAMPA, FL 33622

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAUN KECK

MGRP

07/19/2009

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