FILED
Jul 05, 2006 8:00 am
Secretary of State
05-05-2006 90033 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05000027276

1. Entity Name
C.M. KEISTER, L.L.C.

DO NOT WRITE IN THIS SPACE

30011579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1017 BELMAR AVE. N.W		1017 BELMAR AVE NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT CHARLOTTE, FL		City & State: PORT CHARLOTTE, FL	
Zip: 33948	Country: USA	Zip: 33948	Country: USA

4. FEI Number: 202576732 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CHARLES M. KEISTER
Street Address (P.O. Box Number is Not Acceptable): 1017 BELMAR AVE NW
City: PORT CHARLOTTE FL Zip Code: 33948

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: Charles M. Keister 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~OWNER~~ MANAGING MEMBER	TITLE	
NAME	CHARLES M. KEISTER	NAME	
STREET ADDRESS	1017 BELMAR AVENUE, NW	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Keister 4/28/06 941-625-3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

— No other Members Involved —