

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058170

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** KEHOE FIRE SAFETY CONSULTING, LLC

**Current Principal Place of Business:**

501 W. MAIN STREET  
LAKE HAMILTON, FL 33851

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 872  
LAKE HAMILTON, FL 33851

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BRADLEY, BRENDAN  
1460 S. MCCALL ROAD, SUITE 4-F  
ENGLEWOOD, FL 34223 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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS ( ) Delete  
Name: KEHOE, ELLEN S  
Address: P.O. BOX 872  
City-St-Zip: LAKE HAMILTON, FL 33851

**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: ELLEN S. KEHOE

MGR

04/20/2009

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