LIMITED LIABILITY COMPANY

DOCUMENT # LOSOOQO19666 1. Entity Name KEENER HOLDINGS, LLC



FILED Jul 14, 2006 8:00 am **Secrétary of State**

07-14-2006 90093 032 ****50.00

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2. Principal Place of F	Susiness LEPIET DP	3. Mailing Address			V		
Suite, Apt. # etc. Suite, Apt. #, etc. '			<u>-</u>		CR2E083B (8/05)		
City & State City & State				4. FEI Number Applied For Unot Applicable			
Only di Olalio	Only a onaic	2 0,010		NONE	L Not Applicable		
34465	COUNTRY/S	Zip	Country		e of Status Desired	\$5.00 Additional Fee Required	
	10,7,7-0			7. Name and	Address of Current Regis	· · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE Name Continue Name Nam				CHARLE	HARLES KEENER		
	Street A	Street Address (P.O. Box Numbery) Not Angestable					
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	¥		City	REVERIU	A1115	FI 202004/	
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 w						am familiar with, and accept	
the obligations of re							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00					<u>_</u>	ATE	
Make Check Payable to F				partment of State			
DUE							
1 TITLE AC	MANAGING MEMBER	RS/MANAGERS	TITLE		· · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP			CITY-ST-ZIP				

11. 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 is true and accurate and that my 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP