

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 27 PM 4: 23

DOCUMENT # L06000028643

1. Entity Name
KEITH MULLER CONSTRUCTION LLC



Principal Place of Business
8227 SW ARCHER ROAD
GAINESVILLE, FL 32608

Mailing Address
8227 SW ARCHER ROAD
GAINESVILLE, FL 32608

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272012 Chg-LLC CR2E083 (12/11)

4. FEI Number
20-4530380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLER, KEITH M
8227 SW ARCHER ROAD
GAINESVILLE, FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when transferring)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2012 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME MULLER, KEITH M
STREET ADDRESS 8227 SW ARCHER ROAD
CITY- ST- ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.

SIGNATURE:

Keith Muller

4/27/12

easytax@windstream.net

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS