

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105264

Entity Name: KEENE'S CABINETS LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

25315 W NEWBERRY RD  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452  
NEWBERRY, FL 326690452 US

**New Mailing Address:**

FEI Number: 27-1227551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KEENE, LAWRENCE C  
19923 SW 15TH AVENUE  
NEWBERRY, FL 32669 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: MGRM  
Name: KEENE, LAWRENCE C  
Address: 19923 SW 15TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM  
Name: KEENE, LAWRENCE L JR  
Address: 25315 W NEWBERRY RD  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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: LAWRENCE C KEENE

MGRM

04/29/2010

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