

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000016815

Entity Name: KEENER ENTERPRISES LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

2692 W. LAKE MARY BLVD.
SUITE 1010
LAKE MARY, FL 32746

New Principal Place of Business:

1002 VERONA ST.
SUITE 1002
KISSIMMEE, FL 34741

Current Mailing Address:

736 HEATHER GLEN CIR
LAKE MARY, FL 32746

New Mailing Address:

1002 VERONA ST.
SUITE 1002
KISSIMMEE, FL 34741

FEI Number: 27-1871564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEENER, MICHAEL K
736 HEATHER GLEN CIR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

KEENER, MICHAEL K
1653 CHERRY RIDGE DR.
LAKE MARY, FL 32746 US

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:

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KEENER, MICHAEL K
Address: 1002 VERONA ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM
Name: KEENER, LYNN F
Address: 1002 VERON ST.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM
Name: IDEAL WEIGHT LOSS CLINIC
Address: 1002 VERONA ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM
Name: KEENER CHIROPRACTIC WELLNESS
Address: 1002 VERONA ST.
City-St-Zip: KISSIMMEE, FL 34741 US

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: MICHAEL KIRK KEENER

MGRM

02/16/2011

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