

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093540

Entity Name: 113 KEENE STREET, LLC

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

% MEYERS & ASSOCIATE, CPA, PA  
4540 PGA BLVD., STE. 216  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

C/O MEYERS & ASSOCIATE, CPA, PA  
4540 PGA BLVD., STE. 216  
PALM BEACH GARDENS, FL 33418

FEI Number: 45-3110189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEYERS, GAIL C  
4540 PGA BLVD., STE. 216  
PALM BEACH GARDENS, FL 33418 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: PETER HALMOS & SONS INC.  
Address: 700 SOUTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: GAIL C. MEYERS

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03/07/2012

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