

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072531

**Entity Name:** KEYS LV, LLC

**Current Principal Place of Business:**

650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 27-3025382

**Certificate of Status Desired:** Yes

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

LECESSE DEVELOPMENT CORP.  
650 S NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LECCESE, SALVADOR	Name	LECCESSE, JACQUELINE
Address	650 S NORTHLAKE BLVD, SUITE 450	Address	650 S NORTHLAKE BLVD, SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	MGR		
Name	GROSCH, FRANK K		
Address	650 S NORTHLAKE BLVD, SUITE 450		
City-State-Zip:	ALTAMONTE SPRINGS FL 32701		

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SALVADOR LECCESE** **MGRM** **01/29/2015**  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date