

**2014 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  
Name LECCESE, SALVADOR  
Address 650 S NORTHLAKE BLVD, SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGRM  
Name LECCESSE, JACQUELINE  
Address 650 S NORTHLAKE BLVD, SUITE 450  
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

01/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date