

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022459

FILED
May 09, 2006
Secretary of State

Entity Name: KNORVELLE CONSULTANTS, LLC

Current Principal Place of Business:

2906 SUTTON OAKS COURT
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

2906 SUTTON OAKS COURT
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 65-1192934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, NORMAN
2906 SUTTON OAKS COURT
PLANT CITY, FL 33567 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: MGR () Delete
Name: SMITH, NORMAN
Address: 2906 SUTTON OAKS COURT
City-St-Zip: PLANT CITY, FL 33567

Title: MGR () Delete
Name: WRIGHT, PAUL
Address: 10822 WHITEOAK POINT COURT
City-St-Zip: CYPRESS, TX 77429

Title: MGR () Delete
Name: SMITH, GWENDOLYN
Address: 2906 SUTTON OAKS CT
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NORMAN SMITH

MGR

05/09/2006

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