

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000019344

FILED  
May 26, 2011  
Secretary of State

**Entity Name:** KNOPF ENTERPRISES, LLC

**Current Principal Place of Business:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 20-1926834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOPF, RALPH J  
3641 EVE DRIVE WEST  
JACKSONVILLE, FL 322464735 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: RALPH J KNOPF

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KNOPF, RALPH J  
Address: 3641 EVE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 322464735

Title: MGRM  
Name: KNOPF, RONALD W  
Address: 8869 BRIARWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM  
Name: KNOPF, RAYMOND E  
Address: 5556 MANFIELDS PLACE  
City-St-Zip: JACKSONVILLE, FL 322075972

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: RALPH J KNOPF

MGR

05/26/2011

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