

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113595

FILED
Mar 25, 2009
Secretary of State

Entity Name: KNOFF, LLC

Current Principal Place of Business:

3406 INLET COURT
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

3406 INLET COURT
JUPITER, FL 33469

New Mailing Address:

FEI Number: 11-3764438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD., SUITE 900
WEST PALM BEACH, FL 33401 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 () Delete
Name: KNOFF, LES G
Address: 3406 INLET COURT
City-St-Zip: JUPITER, FL 33469

Title: MGRM () Delete
Name: KNOFF, ANN P
Address: 3406 INLET COURT
City-St-Zip: JUPITER, FL 33469

Title: MGRM () Delete
Name: KNOFF, KYLE G
Address: 3406 INLET COURT
City-St-Zip: JUPITER, FL 33469

Title: MGRM () Delete
Name: KNOFF, KEITH G
Address: 3406 INLET COURT
City-St-Zip: JUPITER, FL 33469

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ANN P. KNOFF

VP

03/25/2009

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