

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019344

**Entity Name:** KNOPF ENTERPRISES, LLC

**Current Principal Place of Business:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**FEI Number:** 20-1926834

**Certificate of Status Desired:** No

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

KNOPF, RALPH J  
3641 EVE DRIVE WEST  
JACKSONVILLE, FL 32246-4735 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 MGR  
Name KNOPF, RALPH J  
Address 3641 EVE DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32246-4735

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

Title MGRM  
Name KNOPF, RAYMOND E  
Address 3646 EVE DR W  
City-State-Zip: JACKSONVILLE FL 32246

Title MGRM  
Name WILLIAMS, CHEYENNE K  
Address 12353 RUNNING RIVER RD S  
City-State-Zip: JACKSONVILLE FL 32225

*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:** CHEYENNE K WILLIAMS

MGRM

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date