

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025975

**Entity Name:** KNOT CINCHER LLC

**Current Principal Place of Business:**

4200 N.E. 22 TERRACE  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

PO BOX 51569  
LIGHTHOUSE POINT, FL 33074

**FEI Number:** 27-2100324

**Certificate of Status Desired:** No

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

WAKSMACKI, DAVID S  
4200 N.E. 22 TERRACE  
LIGHTHOUSE POINT, FL 33064 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 WAKSMACKI, DAVID S  
Address 4200 N.E. 22 TERRACE  
City-State-Zip: LIGHTHOUSE POINT SC 33064

*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:** DAVID WAKSMACKI

**PRESIDENT**

**04/30/2017**

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

\_\_\_\_\_ Date