

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088340

**Entity Name:** KNOCKOUT APPLIANCE REPAIR LLC**Current Principal Place of Business:**3 MANATEE STREET  
SORRENTO, FL 32776**Current Mailing Address:**P.O. BOX 181601  
CASSELBERRY, FL 32718-1601**FEI Number:** 27-3336327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, MICHAEL  
3 MANATEE STREET  
SORRENTO, FL 32776 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:** MICHAEL DAVIS

05/01/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DAVIS, OCTAVIUS  
Address 3 MANATEE STREET  
City-State-Zip: SORRENTO FL 32776

Title MANAGING MEMBER  
Name DAY, SIMONE  
Address 3 MANATEE STREET  
City-State-Zip: SORRENTO FL 32776

Title COMPTROLLER  
Name BANK OF AMERICA  
Address 750 S. ORLANDO AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name DAVIS, SCOTT  
Address 802 SAVONA PLACE  
City-State-Zip: KISSIMMEE FL 34758

Title MANAGING MEMBER  
Name KNOCKOUT APPLIANCE REPAIR  
Address 3 MANATEE STREET  
City-State-Zip: SORRENTO FL 32776

*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:** OCTAVIUS DAVIS

MGRM

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date