

2013 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

04/27/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SPINKS, LEON III
Address 3 MANATEE STREET
City-State-Zip: SORRENTO FL 32776

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

Title MGR
Name CROSS COUNTRY HOME SERVICES
Address 1625 NW 136TH AVENUE
City-State-Zip: SUNRISE FL 33323

Title MGR
Name URAMESHI, YUSKEY
Address 1028 E. ALTAMONTE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGING MEMBER
Name MAYWEATHER, FLOYD
Address PO BOX 181601
City-State-Zip: CASSELBERRY FL 32718

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

Title MANAGING MEMBER
Name KNOCKOUT APPLIANCE REPAIR
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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSE WALLACE

MGRM

04/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date