## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000051363

Entity Name: KNOXVILLE DELIVERY, LLC

**Current Principal Place of Business:** 

4110 SW 34TH STREET SUITE 16 GAINESVILLE, FL 32608

**Current Mailing Address:** 

1406 W. FLETCHER AVE. TAMPA, FL 33612 UN

FEI Number: 45-5166453 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARNIEWICZ, JUDY 1406 W. FLETCHER AVE. TAMPA, FL 33612 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

FILED Mar 17, 2016

**Secretary of State** 

CC9158905897

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name COLANGELO, THOMAS Name BROWN, ANDREW N

Address 4110 SW 34TH STREET, SUITE 16 Address 2516 EAST CHURCH STREET

City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: ORLANDO FL 32803

Title MGM

Name MINGER, JOSEPH

Address 4110 SW 34TH STREET, SUITE 16

City-State-Zip: GAINESVILLE FL 32608

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: THOMAS COLANGELO

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

03/17/2016

Date