

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028711

**Entity Name:** KNIGHT OPS LLC

**Current Principal Place of Business:**

335 N MAGNOLIA AVE  
#1414  
ORLANDO, FL 32801

**Current Mailing Address:**

335 N MAGNOLIA AVE  
#1414  
ORLANDO, FL 32801

**FEI Number:** 46-4892380

**Certificate of Status Desired:** No

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

HUGHES, SEAN P JR  
335 N MAGNOLIA AVE  
APT 1414  
ORLANDO, FL 32801 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 AR  
Name HUGHES, SEAN JR  
Address 335 N MAGNOLIA AVE #1414  
City-State-Zip: ORLANDO FL 32801

Title AR  
Name WALKER, JEFFREY  
Address 335 N MAGNOLIA AVE #1414  
City-State-Zip: ORLANDO FL 32801

Title AR  
Name LIGHT, CHRISTOPHER  
Address 335 N MAGNOLIA AVE #1414  
City-State-Zip: ORLANDO FL 32801

Title AR  
Name NASRI, PATRICK  
Address 335 N MAGNOLIA AVE #1414  
City-State-Zip: ORLANDO FL 32801

*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:** SEAN HUGHES

**MANAGING MEMBER**

**05/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date