

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000010834

**Entity Name:** KNOXLEIB, PLLC

**Current Principal Place of Business:**

514 NORTH FRANKLIN STREET  
SUITE 205  
TAMPA, FL 33602

**Current Mailing Address:**

514 NORTH FRANKLIN STREET  
SUITE 205  
TAMPA, FL 33602 US

**FEI Number:** 81-5018301

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 MGR  
Name LEIB, LEIGHTON  
Address 514 NORTH FRANKLIN STREET  
SUITE 205  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name KNOX, DAVID  
Address 514 NORTH FRANKLIN STREET  
SUITE 205  
City-State-Zip: TAMPA FL 33602

*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:** LEIGHTON LEIB

**MANAGING MEMBER**

**03/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date