

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000232022

**Entity Name:** GLAUSIER KNIGHT JONES, PLLC

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 2020  
TAMPA, FL 33602

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 2020  
TAMPA, FL 33602 US

**FEI Number:** 82-3386069

**Certificate of Status Desired:** No

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

GLAUSIER, CHARLES EVANS ESQ.  
400 NORTH ASHLEY DRIVE  
SUITE 2020  
TAMPA, FL 33602 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:** CHARLES EVANS GLAUSIER

01/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: GLAUSIER, CHARLES EVANS ESQ.  
Address: 400 NORTH ASHLEY DRIVE  
SUITE 2020  
City-State-Zip: TAMPA FL 33602

Title: MANAGER  
Name: JONES, WESLEY K. ESQ.  
Address: 400 NORTH ASHLEY DRIVE  
SUITE 2020  
City-State-Zip: TAMPA FL 33602

Title: MANAGER  
Name: ROWE, STAN ESQ.  
Address: 400 NORTH ASHLEY DRIVE  
SUITE 2020  
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:** CHARLES EVANS GLAUSIER

MANAGER

01/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date