

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000499455

**Entity Name:** KNIGHTES PENSION SOLUTIONS LLC

**Current Principal Place of Business:**

1 SE OCEAN BLVD  
STUART, FL 34994

**Current Mailing Address:**

1 SE OCEAN BLVD  
STUART, FL 34994 US

**FEI Number:** 87-3706767

**Certificate of Status Desired:** No

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

KNIGHTES, LUKE  
1 SE OCEAN BLVD  
STUART, FL 34994 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:** LUKE KNIGHTES

02/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KNIGHTES, LUKE W  
Address 8737 SE LINDA DRIVE  
City-State-Zip: HOBE SOUND FL 33455

*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:** LUKE KNIGHTES

MGR

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date