

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000871

FILED
Jul 30, 2007
Secretary of State

Entity Name: BESTKNIVES LLC

Current Principal Place of Business:

3615 SW 17TH PL
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

PO BOX 151048
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 22-3705130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INGRASSIA, MICHAEL
3615 SW 17TH PL
CAPE CORAL, FL 33914 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INGRASSIA, MICHAEL
Address: 3615 SW 17TH PL
City-St-Zip: CAPR CORAL, FL 33914

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL INGRASSIA

MAN

07/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date