

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001868

1. Entity Name
RICHARD J. KNOX, L.L.C.



Principal Place of Business
391 TIMBERLANE DR
NEW SMYRNA BEACH, FL 32168

Mailing Address
% R.A. MERCER & CO., P.C.
325 S CASCADE DR
SPRINGVILLE, NY 14141



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717394

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOX, RICHARD J
391 TIMBERLANE DR
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000117497
04/19/04-80022-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KNOX, RICHARD J
STREET ADDRESS	391 TIMBERLANE DR
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Richard J. Knox 4/1/04 (716) 537-9800

Date

Daytime Phone #