2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001868

1. Entity Name

RICHARD J. KNOX, L.L.C.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90048 045 ****50.00

Principal Place of Business 391 TIMBERLANE DR NEW SMYRNA BEACH FL 32168		Mailing Address 391 TIMBERLANE DR NEW SMYRNA BEACH FL 32168							
2. Principal Place of Business		3. Mailing Address 70 R.A. Mercer + Co. P.C.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Nun	nber 59-3717	394		oplied For ot Applicable	
Country	Zip 7	Coun	try USA			6 14 F	ee Require		
lame and Address of Current	Registered Agent			7. Name a	nd Address of Ne	w Registered Ag	jent		
RLANE DR				Name Street Address (P.O. Box Number is Not Acceptable)					
			City			E1	Zip Cod	e	
	or the purpose of changing its	registere	ed office or re	gistered agent, or b	ooth, in the State of		miliar with,	and accept	
. typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature	required when reinstating)		DATE			
	Make Check Payabi	le to Fid	orida Depa				•	}	
	RS/MANAGERS	10.			ADDITIO	NS/CHANGES			
X, RICHARD J TIMBERLANE DR	□ Delete	NAMI STRE	ET ADDRESS			[Change	Addition	
	☐ Delete	NAMI STRE	ET ADDRESS				Change	☐ Addition	
	☐ Delete	NAME					Change	Addition	
	□ Delete	TITLE	-	<u> </u>		. [Change	Addition	
		CITY	-ST-ZIP				7 01	Addition	
	Delete	NAME STREE	ET ADDRESS				Change	☐ Addition	
	☐ Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP					☐ Addition	
	Business Country Name and Address of Current CHARD J ERLANE DR RNA BEACH FL 32168 I entity submits this statement for registered agent. MANAGING MEMBE MANAGING MEMBE NX, RICHARD J TIMBERLANE DR / SMYRNA BEACH FL 3216	Business 3. Mailing Address % R.A. Mercer Suite, Apt. #, etc. 325 S. Casca City & State Spring ville Lip Vame and Address of Current Registered Agent CHARD J RILANE DR RNA BEACH FL 32168 Pentity submits this statement for the purpose of changing its registered agent. Nyped or printed name of registered agent and title if applicable. Make Check Payab Du MANAGING MEMBERS/MANAGERS M X, RICHARD J TIMBERLANE DR / SMYRNA BEACH FL 32168 Delete Delete Delete	Business 3. Mailing Address 2. R.A. Mercer + Co Suite, Apr. #, etc. 32.5 S. Cascade 1 City & State Spring ville Country 2ip Coun 14141 Name and Address of Current Registered Agent Charles Beach FL 32168 Centity submits this statement for the purpose of changing its registered agent. Part ABEACH FL 32168 In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent and the if applicable. In this purpose of changing its registered agent. In this purpose of cha	Business 3. Mailing Address	Business 3. Mailing Address 2. R. A. Mercer + Co. P.C. Sulte, Apt. #, etc. 32.5 S. Cascade Dr City & State Spring ville. NY Country Light Cou	FL 32168 SIT IMBERIANE DR NEW SAIRWA BEACH FL 32169 Business 3. Mailing Address 2. R. A. Mercec + Co. , P.C. Suite, April #, ord. 32.5 S. Cascade Dr City & State City Country Lip Liq Country Name and Address of Current Registered Agent PARD J FILANE DR RIANE DR RIANE DR RIANE DR RIANE DR City I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. Note: Registered Agent sprace required when remaking the registered agent. 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Cascade Dr Country 2p Country 2p Country 2p Country 2p Country 2p Street Address of Current Registered Agent. Name and Address of Current Registered Agent. Name and Address of New Reg	Et 32168 Say TIMBERLAND DR NEW SMYTHAN BEACH FL 32168 Business 3. Mailing Address 2. A. Mercec + Co. P.C. Sune, Apt. #, etc. 3.2.5 S. Cascade Dr Cay & State Spring VILLe 1. Y. S. Certificate of Status Desired Spring VILLe 1. Y. Name and Address of Current Registered Agent NAME and Address of Current Registered Agent NAME BACH FL 32168 City FL Zip Cod This Registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. 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I am familiar with, registered agent, or both, in the State of Florida. I am familiar with, registered agent, or both, in the State of Florida. MANAGING MEMBERS / Delete	

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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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386-427-6234