

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90136 042 \*\*\*\*50.00

**DOCUMENT #** L01000021549

**1. Entity Name**

THE KNOWLES GROUP, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

ZOO S. KNOWLES AVE

**3. Mailing Address**

ZOO S KNOWLES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WINTER PARK, FL

**City & State**

WINTER PARK, FL

**4. FEI Number**

☐ Applied For

☒ Not Applicable

**Zip**

32789

**Country**

USA

**Zip**

32789

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Thomas L. Tedrow

**Street Address (P.O. Box Number is Not Acceptable)**

ZOO S. KNOWLES AVE

**City**

WINTER PARK

**FL**

**Zip Code**

32789

**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.**

**SIGNATURE**

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MANAGER  
THOMAS L. TEDROW  
ZOO S KNOWLES AVE  
WINTER PARK, FL 32789

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

CR2E083B (12/01)

**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:**

4-18-02

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

**Date**

**Daytime Phone #**