

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90023 045 ****50.00

DOCUMENT # L02000000583

1. Entity Name

STEPHEN R.A. KNIGHT & ASSOCIATES, L.L.C.



Principal Place of Business

**501 EAST TENNESSEE STREET, SUITE C
TALLAHASSEE FL 32308**

Mailing Address

**501 EAST TENNESSEE STREET, SUITE C
TALLAHASSEE FL 32308**

2. Principal Place of Business

1315 EAST LAFAYETTE ST

Suite, Apt. #, etc.

Suite C

City & State

TALLAHASSEE FL

Zip

32301

Country

LIBERIA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0378049

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY A. ROBERTS & ASSOCIATES, L.L.C.
501 EAST TENNESSEE STREET, SUITE C
TALLAHASSEE FL 32308**

Name

GARY A. ROBERTS & ASSOCIATES L.L.C.

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

167 GALEN CT

City

TALLAHASSEE

FL

Zip Code

32301

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **KNIGHT, STEPHEN**
STREET ADDRESS **2019 SUGAR MAPLE COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

2-26-03

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

Date

Daytime Phone #

CR2E083 (10/02)