

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006424**

1. Entity Name  
**KNIGHT, LLC**



Principal Place of Business  
**7750 9TH STREET SW  
VERO BEACH, FL 32968**

Mailing Address  
**7750 9TH STREET SW  
VERO BEACH, FL 32968**

**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**33-0997045**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**KNIGHT, C. REED JR.  
7750 9TH STREET SW  
VERO BEACH, FL 32968**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KNIGHT, C. REED JR.
STREET ADDRESS	7750 9TH STREET SW
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	MGRM
NAME	KNIGHT, JAN R
STREET ADDRESS	7750 9TH STREET SW
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000872862  
04/10/08-80054-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**C. Reed Knight JR** **3-24-08** **772-569-8700**

Date

Daytime Phone #