

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-26-2004 90061 045 ***150.00

DOCUMENT # L03000014988 1. Entity Name KNOWLES ENTERPRISE, LLC			
Principal Place of Business 2030 NE 18 STREET FORT LAUDERDALE FL 33305 US		Mailing Address 2030 NE 18 STREET FORT LAUDERDALE FL 33305 US	
2. Principal Place of Business 450 N. FEDERAL HWY.		3. Mailing Address 450 N. FEDERAL HWY.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City, State FT. LAUDERDALE, FL		City, State FT. LAUDERDALE, FL	
Zip 333		Country 	
4. FEI Number 651191625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DALE, CHARLES S 414 NE 4 STREET FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 15, 2004			
9. MANAGING MEMBER / ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICK A. KNOWLES 2424 NE 22 TERRACE FT. LAUDERDALE, FL 33305	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEILA KNOWLES, MEMBER 2424 NE 22 TERRACE FT. LAUDERDALE, FL 33305	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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: Patrick A. Knowles SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

34007962



MOORE CR2E083 (11/03)

Attachment
34 007962

#LO 3000014986

Knowles Enterprise LLC
d/b/a Lamp House & Shade Center
4150 N. Federal Highway
Fort Lauderdale, FL 33308

FEI No. 65-1191675

Title: Managing Member
Name Patrick A. Knowles
2424 N. E. 22 Terrace
Fort Lauderdale, FL 33305

Title: Member
Name: Sheila Knowles
2424 N. E. 22 Terrace
Fort Lauderdale, FL 33305