

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015308

Entity Name: KNOX FAMILY, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

12276 SAN JOSE BLVD.
SUITE 516
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12276 SAN JOSE BLVD.
SUITE 516
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 56-2353220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, LEWIS W ESQ
12276 SAN JOSE BLVD
SUITE 516
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

KNOX, GLENN W
12276 SAN JOSE BLVD
SUITE 516
JACKSONVILLE, FL 32223 US

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: GLENN W KNOX

02/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALISA K. KNOX LIVING, TRUST
Address: 12276 SAN JOSE BLVD., SUITE 516
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: GLENN W KNOX LIVING, TRUST
Address: 12276 SAN JOSE BLVD., SUITE 516
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN W KNOX

MGRM

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date