

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015308

Entity Name: KNOX FAMILY, LLC

FILED  
Mar 30, 2011  
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:**

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

**Name and Address of New Registered Agent:**

KNOX, GLENN W M.D.  
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, MD

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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, M.D.

MGR

03/30/2011

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