2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
06-07-2004 90504 018 ****50.00

DOCUMENT # L03000021666

1. Entity Name
KNOLLWOOD, LLC

34009094

Principal Place of Business	Mailing Address
~~809 E. BLOOMINGDALE AVE.~~ 3433 Lithia Pinecrest Rd #111 ~~BRANDON~~, FL ~~33511~~ US #111 Valrico, 33594	~~809 E. BLOOMINGDALE AVE.~~ 3433 Lithia #111 #111 BRANDON, FL 33511 US Valrico, FL 33594

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3433 Lithia Pinecrest Rd	SAME
Suite, Apt. #, etc.: #111	Suite, Apt. #, etc.
City & State: Valrico, FL	City & State
Zip: 33594 Country: Hillsborough	Zip Country

4. FEI Number: 20-0043824 ☐ 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
BERGEN, MELODY member ~~809 E. BLOOMINGDALE AVE.~~ 3433 Lithia Pinecrest Rd #111 #111 BRANDON, FL 33511 Valrico, FL 33594	Name Street Address (P.O. Box Number is Not Acceptable) 3433 Lithia Pinecrest Rd, #111 City: Valrico FL Zip Code: 33594

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: Melody Bergen member — DATE: 6/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: ~~member~~, managing member NAME: Melody Bergen STREET ADDRESS: 3433 Lithia Pinecrest Rd # 111 CITY-ST-ZIP: Valrico, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: managing member NAME: Breeden Bergen STREET ADDRESS: 3433 Lithia Pinecrest Rd #111 CITY-ST-ZIP: Valrico, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Melody Bergen member — 6/2/04 — 813-477-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #