

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90348 012 ****50.00

DOCUMENT # L03000038683

1. Entity Name

KNOWLES FAMILY, LLC



Principal Place of Business

**1925 BLOSSOM LANE
MAITLAND FL 32751**

Mailing Address

**P.O. BOX 300187
FERN PARK FL 32730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0292974

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

**AM&E SERVICES LLC
801 N MAGNOLIA AVE, STE 201
ORLANDO FL 32802**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **WEINSTEIN, BERNARD M**
STREET ADDRESS **235 SOUTH MAITLAND AVENUE, SUITE 110**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **THADDEUS E. KNOWLES, TRUSTEE OF**
STREET ADDRESS **SUSANNA M. KNOWLES, SPECIAL NEEDS TRUST**
CITY-ST-ZIP **PO BOX 300187, FERN PARK, FL 32730**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **THADDEUS E. KNOWLES**
STREET ADDRESS **1925 BLOSSOM LANE, MAITLAND, FL 32751**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **ELIZABETH ROBINSON**
STREET ADDRESS **10602 TWEEDSHUR DR, AUSTIN, TX. 78750**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **CHRISTINA KNOWLES**
STREET ADDRESS **PO BOX 2022, RAMONA, CA 92065**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **SARAH STRATER**
STREET ADDRESS **323 FLAGLER BLVD, LAKE PARK FL 33403**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thaddeus E. Knowles III

THADDEUS E. KNOWLES III 1/29/04 (407) 782 2546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #