

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032682

**Entity Name:** KNOWLES MANAGEMENT, L.L.C.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 20-1577269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNOWLES, MARK D  
4160 SOUNDPOINTE DRIVE  
GULF BREEZE, FL 32563 US

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

KNOWLES, SHEILA R  
950 GRAND CANAL STREET  
GULF BREEZE, FL 32563 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:** SHEILA R. KNOWLES

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KNOWLES, MARK D  
**Address:** 4160 SOUNDPOINTE DR  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** MGR  
**Name:** KNOWLES, SHEILA R  
**Address:** 950 GRAND CANAL STREET  
**City-St-Zip:** GULF BREEZE, FL 32563

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:** SHEILA R. KNOWLES

MGR

04/12/2012

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