

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061804

1. Entity Name
FLOYD KNOBS, LLC



SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

06 FEB 24 AM 10:05

Principal Place of Business
660 COX RD SUITE 6
COCOA, FL 32926 US

Mailing Address
660 COX RD SUITE 6
COCOA, FL 32926 US

DO NOT WRITE IN THIS SPACE



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1526367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSMAN, KURT E
5043 WINWOOD WAY
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNS, CARL E JR
STREET ADDRESS	660 COX AVE SUITE 2
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGR
NAME	JOHNS, STEPHEN
STREET ADDRESS	783 KILLARNEY COURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800065182478
02/03/06--01031--011 **250.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #