

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000075988

1. Entity Name
KNIGHTS-GRIFFIN, LLC



Principal Place of Business

13026 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569

Mailing Address

13026 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, YOGESH
13026 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000000000000000000000000000000
04/15/08-80054-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PATEL, YOGESH
STREET ADDRESS 13026 WATERFORD RUN DRIVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE MGRM
NAME PATEL, SEPHALIC Y
STREET ADDRESS 13026 WATERFORD RUN DRIVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE MGRM
NAME PATEL, NIMIT
STREET ADDRESS 13026 WATERFORD RUN DRIVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4/3/08

Date

813-643-2762

Daytime Phone #