

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000000419**

1. Entity Name  
**KENNO KNOX FLOORING, LLC**



Principal Place of Business  
**2161 PALO ALTO STREET  
NAVARRE, FL 32566**

Mailing Address  
**2161 PALO ALTO STREET  
NAVARRE, FL 32566**



01082006 No Chg-LLC

CR2E083 (11/05)

**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

**KNOX, KENNO L  
2161 PALO ALTO STREET  
NAVARRE, FL 32566**

**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's signature required when reappointing)

DATE \_\_\_\_\_

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

**000000398567  
01/31/06-80003-004 50.00**

**9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | MGR                     |
| NAME           | KNOX, KENNO L           |
| STREET ADDRESS | 2161 PALO ALTO STREET   |
| CITY-ST-ZIP    | NAVARRE, FL 32566       |
| TITLE          | MGRM                    |
| NAME           | LOVELESS-KNOX, LATOYA D |
| STREET ADDRESS | 2161 PALO ALTO STREET   |
| CITY-ST-ZIP    | NAVARRE, FL 32566       |
| 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:** *Latoya Loveless-Knox*

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

*January 9, 2006 (850) 936-5712*

Date

Daytime Phone #