

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018002

Entity Name: KNAAK DESIGN STUDIOS, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

6258 PRESIDENTIAL CT
SUITE 202
FORT MYERS, FL 33919 US

Current Mailing Address:

6258 PRESIDENTIAL CT
SUITE 202
FORT MYERS, FL 33919 US

New Principal Place of Business:

6385 PRESIDENTIAL COURT
SUITE 201
FORT MYERS, FL 33919 US

New Mailing Address:

6385 PRESIDENTIAL COURT
SUITE 201
FORT MYERS, FL 33919 US

FEI Number: 83-0420336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC.
465 S. VOLUSIA AVE. SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNAAK, ROBERT B
Address: 6258 PRESIDENTIAL CT SUITE 202
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: KNAAK, SARAH H
Address: 6258 PRESIDENTIAL CT SUITE 202
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KNAAK, SARAH H
Address: 11106 OXBRIDGE WAY
City-St-Zip: FORT MYERS, FL 33903 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SARAH H KNAAK

MRS

04/28/2008

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