

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019344

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** KNOPF ENTERPRISES, LLC

**Current Principal Place of Business:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1817 FLORIDA AVE.  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 20-1926834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNOPF, RALPH J  
3641 EVE DRIVE WEST  
JACKSONVILLE, FL 322464735 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:** MGR  
**Name:** KNOPF, RALPH J  
**Address:** 3641 EVE DRIVE WEST  
**City-St-Zip:** JACKSONVILLE, FL 322464735

**Title:** MGRM  
**Name:** KNOPF, RONALD W  
**Address:** 8869 BRIARWOOD ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** MGRM  
**Name:** KNOPF, RAYMOND E  
**Address:** 5556 MANFIELDS PLACE  
**City-St-Zip:** JACKSONVILLE, FL 322075972

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:** RALPH J KNOPF

MGR

01/03/2012

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