

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000042062**

1. Entity Name  
**KNOLLWOOD DRIVE LLC**



Principal Place of Business

**6401 SW 87 AVE  
SUITE 121  
MIAMI, FL 33173 US**

Mailing Address

**PO BOX 491365  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2826267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALMEIDA, YVETTE  
6401 SW 87 AVENUE  
SUITE 121  
MIAMI, FL 33144**

**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)

**1/8/08**

**000000752136**

**01/23/08-80104-020 138.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ALMEIDA, YVETTE  
6401 SW 87 AVENUE #121  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

**1/8/08**

**(305) 271-8502**