

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000070959**

1. Entity Name  
103 KNIGHT GROUP, LLC



Principal Place of Business

103 S.E. 4TH AVENUE  
SUITE 103  
DELRAY BEACH, FL 33483 US

Mailing Address

103 SE 4TH AVE.  
DELRAY BEACH, FL 33483 US



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

32-0154934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, JAMES  
103SE 4TH AVE  
SUITE 103  
DELRAY BEACH, FL 33483

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SCROGGIE, ARTURO  
STREET ADDRESS 103 SE 4TH AVE, STE 103  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR  
NAME DECAPITO, ROGER  
STREET ADDRESS 103 SE 4TH AVE, STE 103  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR  
NAME KNIGHT, JAMES  
STREET ADDRESS 103 SE 4TH AVE, STE 103  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

U00000779709  
01/11/08-80049-006 138.75

**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

Date

Daytime Phone #