

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081272

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** KNIGHT HOME ARTISANS LLC

**Current Principal Place of Business:**

19 FANCHER COURT  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

8130 A1A S  
I12  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

8130 A1A S  
I12  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-3374153      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KNIGHT, GORDON S  
8130 A1A S  
I12  
ST. AUGUSTINE, FL 32080 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  
**Name:** KNIGHT, GORDON S  
**Address:** 8130 A1A S I12  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**Title:** MGRM  
**Name:** KNIGHT, ASHLEY D  
**Address:** 19 FANCHER COURT  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

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: GORDON S KNIGHT

MGRM

04/09/2011

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