


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90151 012 \*\*\*\*50.00

<b>DOCUMENT #</b> L06000090109	
<b>1. Entity Name</b> KNIGHT LYFE LLC	

<b>Principal Place of Business</b> 10600 BLOOMFIELD DRIVE APT 1114 ORLANDO, FL 32825 US	<b>Mailing Address</b> 10600 BLOOMFIELD DRIVE APT 1114 ORLANDO, FL 32825 US
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30010982



<b>2. Principal Place of Business - No P.O. Box #</b> 426 Flyrod Circle	<b>3. Mailing Address</b> 426 Flyrod Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

<b>City &amp; State</b> Orlando, Florida	<b>City &amp; State</b> Orlando, Florida
<b>Zip</b> 32825	<b>Country</b> US

<b>4. EE Number</b> 20-5682412	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

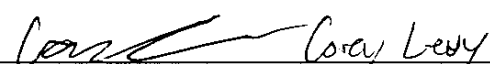
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, COREY 10600 BLOOMFIELD DRIVE APT 1114 ORLANDO, FL 32825 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Corey Levy 426 Flyrod Circle Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Corey Sobel 426 Flyrod Circle Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**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.**

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Date</b> 06/12/06	<b>Daytime Phone #</b> (408) 2163523
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# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/15/2007-90151-012-\$50.00-\$50.00

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2. Principal Place of Business - No P.O. Box # <b>426 Flyrod Circle</b>		3. Mailing Address <b>426 Flyrod Circle</b>															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 															
City & State <b>Orlando Florida</b>		City & State <b>Orlando Florida</b>															
Zip <b>32825</b>		Country <b>US</b>		4. FEI Number <b>20-5682412</b>													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		<div style="font-size: 1.5em; font-weight: bold;">30010982</div>													
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139</b>																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
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