

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000101199

1. Entity Name  
KNIGHTS PHILLIPS, LLC



Principal Place of Business  
3102 W. WATERS AVENUE  
SUITE 103A  
TAMPA, FL 33614 US

Mailing Address  
3102 W. WATERS AVENUE  
SUITE 103A  
TAMPA, FL 33614 US



03312008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8794714

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LICASTRO, LAURA M  
3102 W. WATERS AVENUE  
SUITE 103A  
TAMPA, FL 33614

**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**

U00000889494  
04/22/08-80057-003 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHRAUT, GARY
STREET ADDRESS	421 W JEFFERSON
CITY- ST- ZIP	BROOKSVILLE, FL 34601

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	

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 4/3/08

813-222-0420