2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # L07000025819 1. Entity Name KNB LAND HOLDINGS OF SINGER ISLAND, LLC					04-07-2008 9	90224 029 ***1:	38.75	
Principal Place 2727 ULMER CLEARWATER	TON RD #200	Mailing Address 2727 ULMERTON RD #2 CLEARWATER, FL 33762			6002	0022		
2. Principal Pl 876 Suite, Apt.	lace of Business - No P.O. Box #AVE 1 S. ORANGE #VE #, etc.	3. Mailing Address 5.0 ft. Suite, Apt. #, etc.	ance A	VE 04042008	Chg-LLC	CR2E083 (12/06)	
ORLAN Zip	DO RE Country	City & State ORLANDO, F	Country USA	4. FEI Num 20 - 5. Certificat	ber 86270 te of Status Desired			
100	6. Name and Address of Current R	registered Agent	<u> </u>	7 Name an	d Address of New P		-	
				_	7. Name and Address of New Registered Agent			
BULLARD, WILLIAM H				BULLAKL	LLARD, WILLIAM H.			
2727 ULMERTON RD #200				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER, FL 33762								
				8701 S. ORANGE AVE				
			City	RLANDO		Zip.Co	de_ (/	
0 The share						<u> </u>	829	
8. The above named entity subprils 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.								
	1/1	/ //	_			4-4-0	\mathcal{Y}	
SIGNATURE	/ Mm	offitie if applicable. (NOTE:	Capacitate Agent signature	re required when reinstating)		4-4-0	<u>\frac{y}{-1} </u>	
SIGNATURE _ FILE After May	Signature, yeld or printed name of registored agent and NOWIII FEE IS \$138.75 or 1, 2008 Fee will be \$538.75			ire required when reinstating)	Make	DATE check payable to Department of Sta	10	
SIGNATURE _ FILE After May	Signature, typed or printed name of registered agent an		egistered Agent signat.		Make	e check payable to Department of Sta	6	
SIGNATURE _ FILE After May 9. TITLE	Signature, yeld or printed name of registored agent and NOWIII FEE IS \$138.75 or 1, 2008 Fee will be \$538.75		10. 11TLE	Manal	Make Florida ADDITIONS/	e check payable to Department of Sta	te 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

NAME

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT

Delete

☐ Change ☐ Addition

Daytime Phone #