

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90238 017 \*\*\*138.75

**DOCUMENT # L07000031410**

1. Entity Name  
**KNIGHTS VISION, LLC**  
**Knights**



Principal Place of Business  
**6363 99TH WAY N., #12A**  
**ST. PETERSBURG, FL 33708**

Mailing Address  
**1070 WEST MAIN ST., #904**  
**HENDERSONVILLE, TN 37075**

**60016784**



2. Principal Place of Business - No P.O. Box #  
**133 Mansker Park Dr.**

3. Mailing Address  
**133 Mansker Park Dr.**

Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State  
**Hendersonville, TN**

City & State  
**Hendersonville, TN**

4. FEI Number  
**20-8586427**

Applied For  
Not Applicable

Zip  
**37075**

Country  
**USA**

Zip  
**37075**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KNIGHTS, HARRY B**  
**6363 99TH WAY N., #12A**  
**ST. PETERSBURG, FL 33708**

7. Name and Address of New Registered Agent  
Name  
**T. Samantha Chechele**  
Street Address (P.O. Box Number is Not Acceptable)  
**5625 Central Av.**  
City  
**St. Petersburg** **FL** **33710**

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 **T. Chechele** DATE **2/18/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to:**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KNIGHTS, HARRY B 6363 99TH WAY N., #12A ST. PETERSBURG, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Harry B. Knights 133 Mansker Park Dr. Hendersonville, TN 37075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: **Harry B. Knights** DATE: **2/21/08**

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