

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90170 048 ***138.75

DOCUMENT # L07000096156

1. Entity Name
KNOT AWL BEADS, LLC



Principal Place of Business
1904 148TH COURT E
BRADENTON, FL 34212

Mailing Address
1904 148TH COURT E
BRADENTON, FL 34212

60017753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
11161 S.R. 70 E. # 111

Suite, Apt. #, etc.
11161 S.R. 70 E. # 111

01082008 Chg-LLC CR2E083 (12/06)

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
11-3823030

Applied For
Not Applicable

Zip
34202

Country
USA

Zip
34202

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLADFELTER, LESLIE H
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205

Name
Frances M Jensen

Street Address (P.O. Box Number is Not Acceptable)
11161 S.R. 70 E. # 111

City
Bradenton **FL** Zip Code
34202

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

Frances M Jensen

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/08

DATE

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
managing member
Frances M Jensen
11161 S.R. 70 E # 111
Bradenton, FL 34202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Frances M Jensen
11161 SR 70 E # 111
Bradenton, FL 34202 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

Frances M Jensen

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

3/26/08 **941-755-2323**

Date Daytime Phone #