## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106161

Entity Name: KNOWLEDGE TEAM, LLC

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3959 VAN DYKE ROAD 450 CARILLON PARKWAY

#300 SUITE 150

LUTZ, FL 33558 ST. PETERSBURG, FL 33716

**Current Mailing Address: New Mailing Address:** 

3959 VAN DYKE ROAD 450 CARILLON PARKWAY #300

SUITE 150

LUTZ, FL 33558 ST. PETERSBURG, FL 33716

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, TIMOTHY GIBSON, KEITH

450 CARILLON PARKWAY 3959 VÁN DYKE ROAD

SUITE 150 #300

LUTZ, FL 33558 US ST. PETERSBURG, FL 33716 US

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.

SIGNATURE: KEITH GIBSON 04/29/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

HAYES, TIMOTHY GIBSON, KEITH Name: Name: Address: 3959 VAN DYKE ROAD #300 Address: 450 CARILLON PARKWAY, SUITE 150

City-St-Zip: LUTZ, FL 33558 City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR (X) Delete Title: () Change () Addition

Name: GIBSON, KEITH Name: Address: 3959 VAN DYKE ROAD, #300 Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH GIBSON 04/29/2008