


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000119583			
1. Entity Name KNISH NOSH BOCA, LLC			
Principal Place of Business 200 N.E. 2ND AVE. 110 DELRAY BEACH, FL 33444		Mailing Address 200 N.E. 2ND AVE. 110 DELRAY BEACH, FL 33444	
2. Principal Place of Business - No. P.O. Box # 6000 GLADES RD		3. Mailing Address 8658 YELLOW ROSE CT	
Suite, Apt. #, etc. # 1164		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOYNTON BEACH, FL	
Zip 33431	Country	Zip 33473	Country

FILED
08 SEP 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1803539 Applied For Not Applicable

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	
KORN, ROBERT E 5295 TOWN CENTER ROAD 201 BOCA RATON, FL 33486		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAUFF, BRIAN 200 N.E. 2ND AVE., SUITE 110 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8658 YELLOW ROSE CT BOYNTON BEACH, FL 33473 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600136160776 09/19/08--01048--007 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS SEP 18 2008 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add

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: Brian Cauff 7/9/08 305-799-9478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #