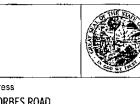
## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L07000125698



1. Entity Name FLORIDA KNIFE GUYS LLC

Principal Place of Business 4011 N. FORRES DOAD

Mailing Address

AO11 N. FORDES DOAD

PLANT CITY, FL 33565		PLANT CITY, FL 33565			6000022			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numi		<u> </u>	oplied For	
Zip Country		Zip	Zip Country		U5-05837.52 Not Applicable   5. Certificate of Status Desired □ \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R			
	o. Hame and records or correct	Trogramma rigarit	Name	71 1141170 471	-			
	ON, RICHARD A NNEDY BLVD., SUITE 1700 L 33602	Street Addres		ldress (P.O. Box Numl	s (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod		
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	orida. Tam familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ageni	and the second second				DATE		
	Signature, typeo or printed name or registered agent	t and title ti applicable. (NO)	Registered Agent signatur	e required when reinstating)	1	DATE		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7				Make check payable to Florida Department of State			
9.	MANAGING MEMB	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	PIERGALLINI, DANIEL E 4011 N. FORBES ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP					
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition	
NAME	BERNARD, ARNO JR.	_ 5000	NAME					
STREET ADDRESS	4011 N. FORBES ROAD		STREET ADDRESS					
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Defete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TATLE		☐ Delete	TITLE		·	☐ Change	Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	· ·		CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 my receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

Feb 15, 2008 8:00 am Secretary of State

02-15-2008 90055 013 \*\*\*138.75

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