

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072549

Entity Name: MICHAEL W. KNOX, LLC

FILED  
Feb 14, 2009  
Secretary of State

**Current Principal Place of Business:**

15 SYCAMORE CIR  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

15 SYCAMORE CIR  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 26-3142968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROCKENBOUGH, SHARON MCGEE  
883 W GRANADA BLVD  
ORMOND BEACH, FL 32174 US

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

KNOX, KAREN S  
15 SYCAMORE CIRCLE  
ORMOND BEACH, FL 32174 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: KAREN S KNOX

02/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KNOX, MICHAEL W  
Address: 15 SYCAMORE CIR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: KNOX, KAREN S  
Address: 15 SYCAMORE CIR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KAREN S KNOX

MGR

02/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date