L090000/0926

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

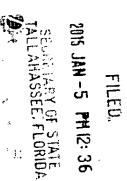
Office Use Only



800267495178

RACIONS

800267495178 01/05/15-01005-026 **25 nn



1808

COVER LETTER

Division of Corporations		
SUBJECT: KNIGHTS TRANSPORT, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHRISTOPHER K MOORE Name of Person		
KNIGHTS TRANSPORT, LLC Firm/Company		
2744 STEAMBOAT LOOP Address		
N. FT. MyERS, FL. 33917 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CHRISTOPHER MOORE at (239) 265-3312 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO:

Registration Section