

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L10000001097

1. Entity Name
JOSEPH KNOTEK, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 29 PM 3: 33

Principal Place of Business
1264 SEMINOLE AVE.
LABELLE, FL 33935

Mailing Address
1264 SEMINOLE AVE.
LABELLE, FL 33935



2. Principal Place of Business - No P.O. Box #
1264 Seminole Ave.
Suite, Apt. #, etc.

3. Mailing Address
1264 Seminole Ave.
Suite, Apt. #, etc.

04292011 Chg-LLC CR2E083 (11/08)

City & State
LaBelle Fla.
Zip 33935 Country Hendry

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LaBelle Fla.
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4. FEI Number
27-1614627
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2011 Fee will be \$538.75
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KNOTEK, JOSEPH 1264 SEMINOLE AVE. LABELLE, FL 33935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	127 **143.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph F. Knotek Joseph F. Knotek 5/9/11 863/675-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10004