

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012073

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** KNIGHT INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

345 NEBRASKA AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

345 NEBRASKA AVENUE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-1900695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNIGHT, ROGER  
345 NEBRASKA AVENUE  
LONGWOOD, FL 32750 US

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

KNIGHT, CHARLES R  
345 NEBRASKA AVENUE  
LONGWOOD, FL 32750 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: CHARLES R. KNIGHT

02/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KNIGHT, CHARLES R  
Address: 345 NEBRASKA AVENUE  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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: CHARLES R. KNIGHT

MGRM

02/05/2011

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