

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90321 039 \*\*\*138.75

**DOCUMENT # L95000000272**

1. Entity Name  
**PACKAGE A, L.C.**



Principal Place of Business

**1201 OAKFIELD DRIVE  
BRANDON, FL 33511**

Mailing Address

**POST OFFICE BOX 1110  
BRANDON, FL 33509**

**DO NOT WRITE IN THIS SPACE**



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**59-3308810**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J ESQ.  
791 WEST LUMSDEN ROAD  
BRANDON, FL 33511**

**DO NOT WRITE  
IN THIS SPACE**

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

*William D Mcknight*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/15/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **MCKNIGHT, WILLIAM D**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **M**  
NAME **MCKNIGHT, KATHRYN A**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **M**  
NAME **MCKNIGHT, ROBERT G**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **M**  
NAME **MCKNIGHT, WILLIAM P**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **M**  
NAME **MCKNIGHT, CHRISTINE E**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **M**  
NAME **MCKNIGHT, MICHELLE M**  
STREET ADDRESS **805 ARROWHEAD LANE**  
CITY-ST-ZIP **BRANDON, FL 33511**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #