

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L95000000273

1. Entity Name  
PACKAGE B, L.C.



Principal Place of Business  
1201 OAKFIELD DRIVE  
BRANDON, FL 33511

Mailing Address  
POST OFFICE BOX 1110  
BRANDON, FL 33509



04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3308812

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000153193

05/04/04-80119-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
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, 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
TITLE	M
NAME	MCKNIGHT, BRUCE E
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 exemption stated in Section 119.07(3)(i), 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:** *Wm Knight*

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

Date

Daytime Phone #

4/20/04 <513> 651-4279