PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT #

Name and Mailing Address

Typed or printed name of signing Managing Member/Manager

M01000001196

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

02 NOV 12 AH 11: 24

0006978 01 FP 0.352 **PRSRT T1 0 0615 12866-560430 lanlanlalatatallanlanlalahtallahtaaalalatidisafalal KNAPP ENTERPRISES, LLC 530 MAPLE AVE. SARATOGA SPRINGS NY 12866-5604



_	ailing Address	4. State/Country of Formation					
				NY			
City, State; Zip				5. Date Organized or Qualified To Do Business in Florida 05/25/2001			
rincipal Pl	ace of Business	3. New Principal Place of Busine	rincipal Place of Business Address		6. FEI Number		Applied For
530 MAPLE AVE. SARATOGA SPRINGS NY 12866				14~1802735		f	Not Applicabl
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of State			tional Fee requir tificate of Status
	8. Name and Address of Current	Registered Agent	ers service landing or one.	9. Name and	Address of New Regi	stered Agent	
1/81	ADD OTERUE		Name				
	APP, STEPHEN 51 HIBISCUS AVE.	Street Addre		ess (P.O. Box Number is Not Acceptable)			
	NTER PARK FL 32789					-	
			- 2:				
			City FL Zip Code				Code
1. Name	s and Street Addresses of Each Managing			on the second se			The state of the s
Title(s)	Name of Managing Members/Managers	Stre	Street Address of Each		City / State / Zip		
_		Manag	Managing Member/Manager		Only / State / Exp		
MGR KNAPP, STEPHEN		1551 HIBISCU	1551 HIBISCUS AVE.		WINTERPARK FL 32788		
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		The section of the se	east light				
2. I certify	that I am managing member/manager or			C			
	that I am managing member/manager or is reinstatement application the reason for owed by the limited liability company have	the receiver or trustee empowered t	o execute this ap	oplication as provid			
all fees	owed by the limited liability company have ade under oath.	the receiver or trustee empowered t	o execute this ap	oplication as provid			