native for any managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and				
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE MARGARET E PARENTE	AUTHORIZED	01/13/2024		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: MARGARETE. PARENTE

JTHORIZ REPRESENTATIVE 4

Certificate of Status Desired: No

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:	: PHILLIP J. MAY		01/13/2024		
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	AUTHORIZED REPRESENTATIVE		
Name	MAY, PHILLIP J	Name	PARENTE, MARGARET E		
Address	5971-2 POWERS AVENUE	Address	5971-2 POWERS AVENUE		
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217		

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051724

Entity Name: CENTER, KNIGHT & MAY CONTRACTORS, LLC

Current Principal Place of Business:

5971-2 POWERS AVENUE JACKSONVILLE, FL 32217

Current Mailing Address:

5971-2 POWERS AVENUE JACKSONVILLE. FL 32217

FEI Number: 27-0291706

Name and Address of Current Registered Agent:

MAY, PHILLIP J 5971-2 POWERS AVENUE JACKSONVILLE, FL 32217 US

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 13, 2024 Secretary of State 5534441045CC