

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100002816

Entity Name: MEDIEVAL KNIGHTS, LLC

Current Principal Place of Business:

5020 RIVERSIDE DR. BLDG #3
#400
IRVING, TX 75039

FILED
Mar 26, 2021
Secretary of State
6899556212CC

Current Mailing Address:

5020 RIVERSIDE DR. BLDG 3
STE 400
IRVING , TX 75039 US

FEI Number: 33-0990488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KIM, KENNETH H	Name	DE MONTANER, PEDRO
Address	5020 RIVERSIDE DR. SUITE 400, BLDG 3	Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400
City-State-Zip:	IRVING TX 75039	City-State-Zip:	IRVING TX 75039
Title	MGRM	Title	MGRM
Name	SANTANDREU, MARTIN	Name	KAHNE, JOCHEN
Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400	Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400
City-State-Zip:	IRVING TX 75039	City-State-Zip:	IRVING TX 75039
Title	CFO	Title	PRESIDENT
Name	RALPHS, KEVIN	Name	DE MONTANER, PERICO
Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400	Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400
City-State-Zip:	IRVING TX 75039	City-State-Zip:	IRVING TX 75039
Title	SECRETARY		
Name	KIM, DANIEL		
Address	5020 RIVERSIDE DR. BLDG 3, SUITE 400		
City-State-Zip:	IRVING TX 75039		

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 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL KIM

VP

03/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date