## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 26, 2005 08:00 AM DOCUMENT # L9900004972 **Secretary of State** 1. Entity Name SKRËDE, LLC Mailing Address Principal Place of Business 562 PINE GROVE LN NAPLES FL 34103 562 PINE GROVE LN NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-3608140 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LARSON, KIMBERLY A Street Address (P.O. Box Number is Not Acceptable) 562 PINÉ GROVE LN NAPLES FL 34103 Zip Code 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, typod or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGÉRS 10. 9. ☐ Change U00000277469 Addition TITLE MGR Delete Tell F 03/26/05-80031-005 50.00 NAME NAME LARSON, ALFON W JR STREET ADDRESS STREET ADDRESS 562 PINE GROVE LN COL-SI- 20 CITY - ST - ZIP NAPLES FL 34103 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THUE Change ☐ Addition ☐ Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- ZIP Change ☐ Addition Title TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7P CITY-ST-ZIP Change ☐ Addition titi F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB Change ☐ Addition Delete HHE HILE NAME STREET ADDRESS STREET ADDRESS CHY ST-70P CITY ST- 2IP 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 | 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.

FILED