

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90045 039 *****50.00

DOCUMENT # L04000036849

1. Entity Name

SKR HOLDINGS, LLC



Principal Place of Business

180 CRANDON BLVD, STE 114
KEY BISCAVNE FL 33149

Mailing Address

180 CRANDON BLVD, STE 114
KEY BISCAVNE FL 33149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-1138096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAZOOK, RICHARD J
1111 BRICKELL AVE, STE 2500
MIAMI FL 33131

Name

Diego Cordova E SR

Street Address (P.O. Box Number is Not Acceptable)

8905 SW 87 Ave #200

City

Miami

FL

Zip Code

33176

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KHOURI, ROGER K
180 CRANDON BLVD, STE 114
KEY BISCAVNE FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

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

2/17/06

Date

Daytime Phone #