

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006301

1. Entity Name

SKYLARK SPORTS LLC



Principal Place of Business

20 WEST LUCERNE CIRCLE
SUITE 908
ORLANDO FL 32801

Mailing Address

20 WEST LUCERNE CIRCLE
SUITE 908
ORLANDO FL 32801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number **52-2257779**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DELLAVALLE, PETER
4601 SOUTH ATLANTIC AVE.
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

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

City

FL

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 typed or printed name of registered agent is not required.

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

U000000910818
05/07/08-80016-003 138.75

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME MM
STREET ADDRESS DELLAVALLE, JOSEPH M
CITY- ST- ZIP 20 WEST LUCERNE CIRCLE
ORLANDO FL 32801

TITLE ☐ Delete
NAME M
STREET ADDRESS DELLAVALLE, PETER
CITY- ST- ZIP 4601 S ATLANTIC AVE.
PONCE INLET FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

James M. DellaValle

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

4/17/2008 407-230-7799

Doc#

Excluded Pages