LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2002 8:00 am Secretary of State

DOCUMENT # LO1000000045 1. Ertity Name SKYSWING, L.L.C.						06-02-2002 90903 025 ****50.00			
	DO NOT WRITE	IN THIS SF	ACE						
1 - '	Place of Business KITTLE CIRCLE . #, etc.	3. Mailing Address 2031 KTTLE Suite, Apt. #, etc.	031 KITTLE CARCLE			DO NOT WRITE IN THIS SPACE			
City & Sta NEW 5 Zip 3216	MYNRNA BEACH FL	City & State NEW SMYRNA Zip 32/68	BEAC!		5. Certii	- 3709598 ficate of Status Desired [Fee R	Applied For Not Applicable O Additional Required	
	DO-NOT W		Nai Stre	Ruser Address (SSELL P.O. Box N VEST	and Address of Current Reg SOLDBERG Jumber is Not Acceptable) ORANGE STREE E SPRINGS	CPA 7	p Code	
8. The above named entity submits this statement for the purpose of changing its residual statement for the				ce or register	ed agent, o	or both, in the State of Florida.			
9.	MANAGING MEMBEI	L	JE BY MAY	· · · · · · · · · · · · · · · · · · ·					
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limited lial	certify that the information supplied with to on this report is true and accurate and the billity company or the receiver or trustee.	hat my sinnature shall bave th	e camo local	alloct ac if m	ada undaz	anth: that I am a managine w	er certify that nember or ma	the information anager of the	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	SER, OR AUTHOR	OZED REPRESEN	TATIVE	Date	Daytime Ph	one #	

Date

Daytime Phone #