

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000006722

1. Entity Name
LSKS, LLC



Principal Place of Business

623 MAITLAND AVENUE
SUITE 201
ALTAMONTE SPRINGS, FL 32701

Mailing Address

623 MAITLAND AVENUE
SUITE 201
ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3717111

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MGRMLEBIODA, DAVID H M.D.
623 MAITLAND AVENUE
SUITE 2200
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000778186
01/10/08-80038-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEBIODA, DAVID H M.D.
623 MAITLAND AVE STE 2200
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

David H M.D. LEBIODA

1/3/08

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

Date

Daytime Phone #