

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-27-2003 90082 033 ****50.00

1/21

DOCUMENT # L02000006043

1. Entity Name

SKD ENTERPRISES, LLC



Principal Place of Business

**3160 MASTERS DRIVE
CLEARWATER FL 33761**

Mailing Address

**3160 MASTERS DRIVE
CLEARWATER FL 33761**

55006364



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONOVAN, BRUCE A
3160 MASTERS DRIVE
CLEARWATER FL 33761**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MANAGING Member** ☐ Delete
STREET ADDRESS **BRUCE A. DONOVAN**
CITY-ST-ZIP **3160 MASTERS DR
CLEARWATER, FL 33761**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

1/21/03 722-648-5582

CR2E083 (10/02)

SKD Enterprises, L.L.C.

3160 Masters Drive
Clearwater, FL 33761-1816

Attachment
55006364

February 10, 2003

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Ref Number: LO2000006043

Dear Sir or Madam:

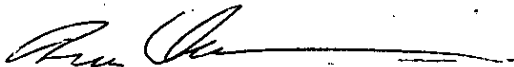
I am in receipt of your letter dated January 30, 2003 concerning the FEI number requested in Block 4 of the Uniform Business Report.

Please be advised that SKD Enterprises, LLC is recognized by the Internal Revenue Service as a single member disregarded entity. Under Internal Revenue Service code guidelines, a single member disregarded entity does not have a separate Federal Employer Identification (FEI). Therefore I have marked Block 4 "Not Applicable".

I have filled in the rest of the form as requested in your letter.

I trust this explanation will meet with your approval.

Sincerely,



Bruce A. Donovan

Managing Member