

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90022 007 ****50.00

DOCUMENT # L02000013259

1. Entity Name
SKIES INTERNATIONAL, L.L.C.



Principal Place of Business

2875 NE 191 STREET
SUITE 800
MIAMI, FL 33180

Mailing Address

2875 NE 191 STREET
SUITE 800
MIAMI, FL 33180

14016853



01212005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
68-0508581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
MIAMI, FL 33146

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GILINSKI, ABRAHAM
STREET ADDRESS	228 PARK DRIVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	MGRM
NAME	GILINSKI, MOISES
STREET ADDRESS	287 BAL CROSS DRIVE
CITY-ST-ZIP	BAL HAROUR, FL 33154
TITLE	MGRM
NAME	IASLOVITS, MICHAEL
STREET ADDRESS	168 CAMDEN DR
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #