

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019710

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** SKYCOASTER OF FLORIDA, LLC

**Current Principal Place of Business:**

2850 FLORIDA PLAZA BLVD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

5551 DEL VERDE WAY  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 32-0067625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ARIE, JOHN B  
5551 DEL VERDE WAY  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARIE, JOHN B  
Address: 5551 DEL VERDE WAY  
City-St-Zip: ORLANDO, FL 32819 US

Title: MEMB  
Name: ARIE, JOHN B JR  
Address: 5551 DEL VERDE WAY  
City-St-Zip: ORLANDO, FL 32819

Title: VPIN  
Name: BOGGS, JASON T  
Address: 5551 DEL VERDE WAY  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN ARIE

MGRM

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date