

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90112 014 \*\*\*\*50.00

DOCUMENT # L02000030871

1. Entity Name

RICHARD SKINNER & ASSOCIATES, P.L.



Principal Place of Business

2245 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32204

Mailing Address

2245 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

57-1139617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, RICHARD G III  
2245 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32204

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SKINNER, RICHARD G III
STREET ADDRESS	2245 ST JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	
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IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

2/2/07

904-387-6710