

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034950

1. Entity Name  
SK CONSTRUCTION SERVICES, LLC



Principal Place of Business  
155 S. MIAMI AVENUE, PH-2A  
MIAMI, FL 33130

Mailing Address  
155 S. MIAMI AVENUE, PH-2A  
MIAMI, FL 33130

FILED

04 APR 29 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01122004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
05-0549458

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC Panther Realty  
100 SOUTHEAST 2ND STREET, SUITE 2000 Advisors Inc.  
MIAMI, FL 33130 155 South Miami Ave  
PH2A

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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, 2004

400035846674  
05/11/04--01009--014 \*\*726.25

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SURLIN, DOMINIQUE  
STREET ADDRESS 155 S. MIAMI AVENUE PH-2A  
CITY-ST-ZIP MIAMI, FL 33130

TITLE MGRM  
NAME KRINSKY, LINDA  
STREET ADDRESS 155 S. MIAMI AVENUE PH-2A  
CITY-ST-ZIP MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

50.00  
25.00

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 #