

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90156 032 \*\*\*\*50.00

**DOCUMENT #** L02000034950

1. Entity Name

SK CONSTRUCTION SERVICES, LLC



30040018

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 155 S. Miami Avenue Suite, Apt. #, etc. PH-2A City & State Miami, FL Zip 33130 Country Miami-Dade		<b>3. Mailing Address</b> 155 S. Miami Avenue Suite, Apt. #, etc. PH-2A City & State Miami, FL Zip 33130 Country Miami-Dade	
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 05-0549458	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Registered Agents of Florida, LLC	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street	
Suite 2900	
City Miami	FL Zip Code 33131

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Dominique Sirlin 155 S. Miami Avenue, PH-2A Miami, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Linda Krinsky 155 S. Miami Avenue, PH-2A Miami, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:** Linda Krinsky 2-28-03 305-374-5455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)