

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90029 023 ****50.00

DOCUMENT # L02000034988

1. Entity Name
SK JUSTICE, 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

24065278



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0549461

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Panther Realty Advisors Inc
REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET STE. 2900
MIAMI, FL 33130
155 S. Miami Ave
PH 2-A

**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

Jeff Krinsky, VP
(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRINSKY, JEFF
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #

Jeff Krinsky

4/26/04

305-394-5455