

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018125

1. Entity Name
S.K.I.P., L.L.C.



Principal Place of Business
**P.O. BOX 25243
SARASOTA, FL 34277 US**

Mailing Address
**P.O. BOX 25243
SARASOTA, FL 34277 US**



01222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0076089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAMM, KELLI
441 MEADOW LARK DRIVE
SARASOTA, FL 34236**

**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

Kelli Kamm Registered Agent

Signature typed or printed name of (registered agent) and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KAMM, KELLI
P.O. BOX 25243
SARASOTA, FL 34277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PERSSON, JANET A
P.O. BOX 25243
SARASOTA, FL 34277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KAMM, STEVEN W
P.O. BOX 25243
SARASOTA, FL 34277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PERSSON, INGEMAR A
P.O. BOX 25243
SARASOTA, FL 34277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000401300
02/02/06-80039-011 50.00

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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:

Janet A Persson Managing Member

1-20-06

941-504-1891

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

Date

Daytime Phone #