

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 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**



01072007 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 _____

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	KAMM, KELLI
STREET ADDRESS	P.O. BOX 25243
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	MGR
NAME	PERSSON, JANET A
STREET ADDRESS	P.O. BOX 25243
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	MGR
NAME	KAMM, STEVEN W
STREET ADDRESS	P.O. BOX 25243
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	MGR
NAME	PERSSON, INGEMAR A
STREET ADDRESS	P.O. BOX 25243
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80075-008 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*

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

1-7-07

Date

941-923-7782

Daytime Phone #