


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019257</b>					
1. Entity Name <b>SKYLIGHT SOLUTIONS &amp; MORE, LLC</b>					
Principal Place of Business <b>3584 PROGRESS AVENUE NAPLES FL 34104</b>			Mailing Address <b>3584 PROGRESS AVENUE NAPLES FL 34104</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt #, etc.		
City & State		City & State		4. FEI Number <b>58-2671593</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. #201 NAPLES FL 34108</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTADA, RANDOLF I			NAME	
STREET ADDRESS	4577 BEECHWOOD LAKE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTADA, MARCIA			NAME	
STREET ADDRESS	4577 BEECHWOOD LAKE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUCHAMP, ERIC R			NAME	
STREET ADDRESS	12568 SHALIMA DR			STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	12568 SHALIMA DR			STREET ADDRESS	
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CITY-ST-ZIP				CITY-ST-ZIP	



1st MOORE CR2E083 (10/04)

4. FEI Number **58-2671593** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
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CITY-ST-ZIP				CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Walter M. Beauchamp 2-28-05 239-263-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE