

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039144

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** SKYRIDERS, LLC

**Current Principal Place of Business:**

7435 BLAINE WAY  
SARASOTA, FL 342317902 US

**New Principal Place of Business:**

**Current Mailing Address:**

2172 GULFGATE DRIVE  
SUITE 200  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 20-2083321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIDER, LARRY V  
2172 GULFGATE DRIVE  
SUITE 200  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RIDER, LARRY V  
**Address:** 7435 BLAINE WAY  
**City-St-Zip:** SARASOTA, FL 342317902

**Title:** MGRM  
**Name:** RIDER, DENISE M  
**Address:** 7435 BLAINE WAY  
**City-St-Zip:** SARASOTA, FL 342317902

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LARRY VERNON RIDER

MGR

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date