

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-05-2006 90106 001 ***150.00

DOCUMENT # L04000012155

1. Entity Name
SKY COUNSEL, LLC



Principal Place of Business
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108

Mailing Address
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-LLC CR2E083 (11/05)

4. SEF Number
20-4745645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLICK, THOMAS B ESQ.
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GARLICK, THOMAS B
STREET ADDRESS 5551 RIDGEWOOD DRIVE, SUITE 101
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

239-
557-
7088

ATTACHMENT

36667111

GARLICK, STETLER & PEEPLES LLP

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

5551 RIDGEWOOD DRIVE, SUITE 101

NAPLES, FLORIDA 34108

TELEPHONE: (239) 597-7088

FACSIMILE (239) 597-6984

WWW.GARLAW.COM

E-MAIL: TGARLICK@GARLAW.COM

May 1, 2006

Division of Corporations
Annual Reports Section
P.O. Box 6478
Tallahassee, FL 32314

Re: Sky Counsel, LLC
Reference Number: L04000012155

Dear Sir or Madam:

Enclosed herewith please find the corrected Annual Report for the above-referenced limited liability company, together with a copy of your letter dated April 6, 2006. Please note we have obtained the Federal Employer Identification (FEI) Number and it appears in Block 4. As indicated by the enclosed letter, the Division of Corporations is holding \$50.00 to file this report.

Please do not hesitate to contact me should you have any questions or need additional information.

Very truly yours,


Thomas B. Garlick

TBG/jpw
Enclosures