

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043627

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SKY & SONZIES' P E & C, LLC

**Current Principal Place of Business:**

145 LAS BRISAS CIRCLE  
HYPOLUXO, FL 334627016 US

**New Principal Place of Business:**

**Current Mailing Address:**

145 LAS BRISAS CIRCLE  
HYPOLUXO, FL 334627016 US

**New Mailing Address:**

FEI Number: 51-0511391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

WILLIAMS, ANGELA  
145 LAS BRISAS CIRCLE  
HYPOLOXO, FL 33462 US

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: ANGELA WILLIAMS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WURPSIES' UNLIMITED, INC  
Address: 145 LAS BRISAS CIRCLE  
City-St-Zip: HYPOLUXO, FL 334627016

Title: MGR ( ) Delete  
Name: SONZIES' UNLIMITED I, NC  
Address: 11887 54TH STREET NORTH  
City-St-Zip: WEST PALM BEACH, FL 334118808 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANGELA WILLIAMS

MGR

04/30/2008

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