

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000043704

1. Entity Name  
SKP INVESTMENTS, LLC



Principal Place of Business  
1217 AIRPORT RD, STE 419  
DESTIN, FL 32541

Mailing Address  
1217 AIRPORT RD, STE 419  
DESTIN, FL 32541



04092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1273386

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PHILLIPS, SANDRA K  
1217 AIRPORT RD, STE 419  
DESTIN, FL 32541

**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 of Registered Agent or Authorized Representative)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                                                                  |                                                                   |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>PHILLIPS, SANDRA K<br>1417 AIRPORT RD<br>DESTIN, FL 32541 |
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                   |
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                   |
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                   |
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                   |
| NAME<br>LAST<br>FIRST<br>MIDDLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                   |

U00000305570  
05/01/08-80058-003 138.75

**DO NOT WRITE  
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: \_\_\_\_\_

(Signature and Typed or Printed Name of Signing Managing Member, or Authorized Representative)

SANDRA K. PHILLIPS

4/9/08

Date

850-650-5201

Daytime Phone #