## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # L04000044591** 02-17-2006 90018 034 \*\*\*\*50.00 1. Entity Name SUN SKY USA, LLC Principal Place of Business Mailing Address 3885 41ST ST 3885 41ST ST VERO BEACH, FL 32967 VERO BEACH, FL 32967 20008617 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 20-1253087 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUNCIC, PATRICE Street Address (P.O. Box Number is Not Acceptable) **3085 41ST STREET** VERO BEACH, FL 32967 City 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 tall if applicable. (NOTE: Registered Agent aignature required when rematating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TITLE ☐ Delete TITLE SUNCIC. PATRICE MALE STREET ADDRESS 3885 415 STREET STREET ADDRESS 3085 418T STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LASKY, JR, WILLIAM NAME STREET ADDRESS 3885 41 ST STREET STREET ADDRESS 3085 410T STREET-CITY-ST-ZIP VERO BEACH, FL 32967 DTY-ST-712 Change Addition ☐ Defete TITLE TITLE SUNCIC, PATRICE NAME 41 STREET STREET ADDRESS 3885 STREET ADDRESS 3085 41ST STREET CITY-ST-7/P CITY-ST-ZIP VERO BEACH, FL 32967 Change Addition | Delete TITLE TITLE SUNCIC, JOSIANE NAME NAME 41st STREET STREET ADDRESS 3665 STREET ADDRESS **3085 41ST STREET** CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition ЛПЕ NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Detete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

Feb 17, 2006 8:00 am