## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

## **FILED** DOCUMENT # L04000051222 Jun 20, 2008 08:00 AM Secretary of State 1. Entity Name SKINMAN, LLC Principal Place of Business Mailing Address 1413 RUM STILL CIRCLE 1413 RUM STILL CIRCLE NICEVILLE, FL 32578 NICEVILLE, FL 32578 05142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1366885 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKINNER, JOHN L JR DO NOT WRITE 1413 RUM STILL CIRCLE NICEVILLE, FL 32578 IN THIS SPACE 8. The above named entity submits this statement for the sourpose 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, typed or printed name of registered agent and title if applicable FILS NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SKINNER, JOHN L JR NAME STREET ADDRESS 1413 RUM STILL CIRCLE NICEVILLE, FL 32578 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP THEE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

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 limits. I liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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