2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State

DOCUMENT # L04000064071 1. Entity Name SKYLINE, LLC								04-05-2006	90017 0	13 ****5	80.00	
Principal Plac		s	Mailing Address									
2295 WEATHERWOOD LEESBURG, FL 34748			P.O. BOX 297 TAVARES, FL 32778			(EF1 E1 S)	: 82 111 2 1211 8211 8211 82	in Puit Bhii Bh	P11 P8111 twww m	785) (() 1001		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01212006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State			4. FEI Nun 20-17			-		oplied For ot Applicable		
Zip	Zip Country		Zip	Countr			5. Certificate of Status Desired			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New F	Registered /	Agent		
LOWRY, ARCHIE O JR.					Name							
308 EAST FIFTH AVENUE MOUNT DORA, FL 32757					Street Address (P.O. Box Number is Not Acceptable)							
j.	•		City			·			FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.					ed office or	registere	ed agent, or bo	th, in the State of FI		amiliar with,	and accept	
SIGNATURE		or printed name of registered agent an	al MI - if a - of a - o o			·····						
	÷ .	or priviled rise of registered again an	o true ii appacable. (NU1E:	Hegistered	d Agent aignati	ure required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006								•				
Ď	ue by May	y 1, 2006	-						e check partm	ayable to ent of State	•	
9.	ue by May	y 1, 2008 MANAGING MEMBER	S/MANAGERS	10.				Florid	a Departm		0	
9. ITILE	MGR	MANAGING MEMBER	S/MANAGERS	10.					a Departm		Addition	
9. FITLE NAME	MGR BHATTA,	MANAGING MEMBER SANJEEV		TITLE	.	- 3 G	22 5 6	ADDITIONS	a Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHATTA, 18610 U.S	MANAGING MEMBER	☐ Deleta	TITLE NAME STREE	1		77 E. C.	ADDITIONS R 466	a Departm	ent of State		
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