

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071978

Entity Name: SKYFIN, LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4123 UNIVERSITY BLVD., SOUTH, SUITE D  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RAFAS LLLC  
P.O. BOX 3592  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

C/O RAYFAS LLLP  
P.O. BOX 3592  
PONTE VEDRA BEACH, FL 320043592

FEI Number: 20-1703690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHOSRAVI, HORMOZ  
4123 UNIVERSITY BLVD., SOUTH, SUITE D  
JACKSONVILLE, FL 32216 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: TREA  
Name: SAMIIAN, M. REZA  
Address: P.O. BOX 3592  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

I hereby 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: MOHAMAD R SAMIIAN

TREA

04/07/2010

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