# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L04000089515

1. Entity Name
THE SKOP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 7900 B LEXINGTON CLUB BLVD.<br>DELRAY BEACH, FL 33446 | 7900 B LEXINGTON CLUB BLVD.<br>DELRAY BEACH, FL 33446 |

01042008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-6254919
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SKOP, NATHAN
7900 B LEXINGTON CLUB BLVD
DELRAY BEACH, FL 33446

**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 NATHAN SKOP Nathan Skop 1-10-08
Signature, typed or printed name of registered agent and title if applicable. (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 |
|---|---|
| TITLE | MGRM |
| NAME | SKOP, NATHAN |
| STREET ADDRESS | 7900B LEXINGTON CLUB BLVD. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 |
| TITLE | MGRM |
| NAME | SKOP, HELEN |
| STREET ADDRESS | 7900B LEXINGTON CLUB BLVD. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000783268
01/16/08-80008-011 138.75

**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:** Nathan Skop 1-10-08 1-561-637-0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #