

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001252

FILED  
May 01, 2008  
Secretary of State

Entity Name: SKYWARD FINANCIAL PLANNING, LLC

**Current Principal Place of Business:**

18703 SW 76 CT.  
MIAMI, FL 33157

**New Principal Place of Business:**

7844 SW 165 STREET  
MIAMI, FL 33157

**Current Mailing Address:**

18703 SW 76 CT.  
MIAMI, FL 33157

**New Mailing Address:**

7844 SW 165 STREET  
MIAMI, FL 33157

FEI Number: 20-2114185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DELLEPERCHE, JOSEPH  
18703 SW 76 CT.  
MIAMI, FL 33157      US

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

DELLEPERCHE, JOSEPH  
7844 SW 165 STREET  
MIAMI, FL 33157      US

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: DELLEPERCHE JOSEPH

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JOSEPH, DELLEPERCHE  
Address: 18703 SW 76 CT.  
City-St-Zip: MIAMI, FL 33157

Title: MGR      ( ) Delete  
Name: JOSEPH, DANIELLE C  
Address: 18703 SW 76 CT.  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: JOSEPH, DELLEPERCHE  
Address: 7844 SW 165 STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGR      (X) Change ( ) Addition  
Name: JOSEPH, DANIELLE C  
Address: 7844 SW 165 STREET  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DELLEPERCHE JOSEPH

MGR

05/01/2008

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