

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017633

Entity Name: SKP HOLDINGS, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

8359 66TH WAY N
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

8359 66TH WAY N
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 04-3806760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

PATEL, SHIVAS H
8359 66TH WAY N
PINELLAS PARK, FL 33781 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: PATEL, SHIVAS H
Address: 8359 66TH WAY N
City-St-Zip: PINELLAS PARK, FL 33781

Title: ST () Delete
Name: PATEL, KEYUR H
Address: 7901 BAYOU CLUB BOULEVARD
City-St-Zip: LARGO, FL 33777

Title: ST () Delete
Name: PATEL, HEMA H
Address: 7901 BAYOU CLUB BOULEVARD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIVAS PATEL

PRES

06/15/2009

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