## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L05000033671**

1. Entity Name WIDE SKY PROPERTIES, LLC



## **FILED** Jun 13, 2008 8:00 am Secretary of State

06-13-2008 90050 010 \*\*\*138.75

Principal Place of Business Mailing Address 961687 GATEWAY BOULEVARD 961687 GATEWAY BOULEVARD **サード ひしょりか** 

SUITE 201-H SUITE 201-H FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 06112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICE, RANDOLPH L SOREEN WINGED TEAL 332 S. 6th Street Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH, FL 32034 Zip Code 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOWI!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State

MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition RICE, RANDOLPH L NAME NAME STREET ADDRESS 961687 GATEWAY BOULEVARD, SUITE 201-H STREET ADDRESS FERNANDINA BEACH, FL. 32034 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE RICE, RENEAS NAME NAME 961687 GATEWAY BOULEVARD, SUITE 201H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7P ☐ Defete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

<sup>11.</sup> 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.