

# **LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90323 038 \*\*\*\*50.00

DOCUMENT # L050000339129

1. Entity Name

SPECULATION LLC  
04 3849609



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3926 COQUINA DR  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 415  
Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

SANIBEL FL

Zip

33957

Country

LEE

Zip

33957

Country

LEE

4. FEI Number

04 3849609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEAN SKAUGSTAD

Street Address (P.O. Box Number is Not Acceptable)

3851 COQUINA DR

City SANIBEL

FL

Zip Code

33957

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGR</u>
NAME	<u>DEAN SKAUGSTAD</u>
STREET ADDRESS	<u>3851 COQUINA DR. BOX 415</u>
CITY-ST-ZIP	<u>SANIBEL FL 33957</u>
TITLE	<u>MGR</u>
NAME	<u>SHIRLEY SKAUGSTAD</u>
STREET ADDRESS	<u>3851 COQUINA RD. BOX 415</u>
CITY-ST-ZIP	<u>SANIBEL, FL 33957</u>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

4/26/07

395 472 8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #