

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054151

Entity Name: SKICORP, LLC

FILED
Mar 05, 2012
Secretary of State

Current Principal Place of Business:

7960 166TH ST WEST
LAKEVILLE, MN 55044

New Principal Place of Business:

Current Mailing Address:

7960 166TH ST. WEST
LAKEVILLE, MN 55044

New Mailing Address:

7960 166TH ST WEST
LAKEVILLE, MN 55044

FEI Number: 20-2946742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORATH, SHANNON L
56 SPIRES LANE
16A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: MGRM
Name: FAYARD, JERRY L
Address: 1828 N. HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM
Name: POSEY, D. SCOTT
Address: 1828 N. HWY. 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM
Name: KORKOWSKI, TRACI A
Address: 8809 WOOD CLIFF ROAD
City-St-Zip: BLOOMINGTON, MN 55438

Title: MGRM
Name: KORKOWSKI, JEFFREY L
Address: 8809 WOOD CLIFF ROAD
City-St-Zip: BLOOMINGTON, MN 55438

Title: MGRM
Name: MASLOSKI, RICK
Address: 7960 166TH WEST
City-St-Zip: LAKEVILLE, MN 55044

Title: MGRM
Name: MASLOSKI, PAM
Address: 7960 166TH ST WEST
City-St-Zip: LAKEVILLE, MN 55044 US

I hereby 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: RICK MASLOSKI

MGRM

03/05/2012

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