


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000081870 1. Entity Name SKINDRED SOUL LLC					
Principal Place of Business 509 SOUTH CHICKASAW TRAIL #349 ORLANDO FL 32825-7852 US			Mailing Address 509 SOUTH CHICKASAW TRAIL #349 ORLANDO FL 32825-7852 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3697853	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WESSON, PAUL J 10113 MARGUEx DRIVE ORLANDO FL 32825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small> DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WESSON, GLORIA C 10113 MARGUEx DRIVE ORLANDO FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR WESSON, PAUL J 10113 MARGUEx DRIVE ORLANDO FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.				<div style="display: flex; justify-content: space-between;"> SIGNATURE: <i>Paul Wesson</i> 01/22/2007 407 380 9654 </div>	