

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000082200

1. Entity Name
SKIVANS CREEK, LLC



Principal Place of Business
5218 WILLING STREET
MILTON, FL 32570

Mailing Address
5218 WILLING STREET
MILTON, FL 32570



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1730410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, ROY V
5218 WILLING STREET
MILTON, FL 32570

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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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEONARD, T.A.
STREET ADDRESS	P.O. BOX 586
CITY-ST-ZIP	MILTON, FL 32572
TITLE	MGRM
NAME	ELLIOT, J.D.
STREET ADDRESS	5235-B WILLING ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	MGRM
NAME	DUNN, ED L
STREET ADDRESS	7825 PETERSON PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	MGRM
NAME	PIERCE, MARTHA
STREET ADDRESS	6223 STAR HILL DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000791071
01/23/08-80059-014 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #