

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082200

Entity Name: SKIVANS CREEK, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5218 WILLING STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5218 WILLING STREET
MILTON, FL 32570

New Mailing Address:

FEI Number: 16-1730410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, ROY V
5218 WILLING STREET
MILTON, FL 32570 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 () Delete
Name: LEONARD, T.A.
Address: P.O. BOX 586
City-St-Zip: MILTON, FL 32572

Title: MGRM () Delete
Name: ELLIOT, J.D.
Address: 5235-B WILLING ST
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: DUNN, ED L
Address: 7825 PETERSON PT RD
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: PIERCE, MARTHA
Address: 6223 STAR HILL DR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: T.A. LEONARD

MGRM

04/29/2009

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