

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90133 005 ****55.00

DOCUMENT # L05000083156

1. Entity Name

SKYLEX, LLC



Principal Place of Business

18492 105TH ROAD
MCALPIN FL 32062

Mailing Address

18492 105TH ROAD
MCALPIN FL 32062



2. Principal Place of Business

Planet Beach Tanning Spa
Suite, Apt. #, etc.
112

3. Mailing Address

2929 W US Hwy 90
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Lake City, FL

City & State

4. FEI Number

84-1693875

Applied For

Not Applicable

Zip

32055

Country

Columbia

Zip

32055

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, MICHELLE H
18492 105TH ROAD
MCALPIN FL 32062

7. Name and Address of New Registered Agent

Name
Michelle H. McCollum

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

18492 105th Rd

City
McAlpin

FL

Zip Code

32062

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

Michelle H. McCollum

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Michelle McCollum
18492 105th Rd
McAlpin, FL 32062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Stephen Carter McCollum
18492 105th Rd
McAlpin, FL 32062 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Michelle H. McCollum

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

2/24/06

Date

386

209-0212

Daytime Phone #