


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 043 ***138.75


DOCUMENT # L05000107440	
1. Entity Name BLUE SKY CHECK CASHING, LLC	

Principal Place of Business 2545 SOUTH ATLANTIC AVE., UNIT 2201 DAYTONA BEACH SHORES, FL 32118	Mailing Address 2545 SOUTH ATLANTIC AVE., UNIT 2201 DAYTONA BEACH SHORES, FL 32118
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2. Principal Place of Business - No P.O. Box # 622 MASON AVE	3. Mailing Address 622 MASON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach FL 32117	City & State Daytona Beach FL
Zip 32117	Zip 32117
Country USA	Country USA

60007800



02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3767139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CARBONE, JOHN S 2545 SOUTH ATLANTIC AVE., UNIT 2201 DAYTONA BEACH SHORES, FL 32118	
7. Name and Address of New Registered Agent Name Mr. Christy F. Harris Street Address (P.O. Box Number is Not Acceptable) 150 S. Palmetto Ave, Box A City Daytona Beach FL Zip Code 32114	

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 **Christy F. Harris, Esq. (Christy F. Harris)** DATE **February 11, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONE, JOHN S 2545 SOUTH ATLANTIC AVE., UNIT 2201 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C. MITCHELL KALE 3750 SPRING CREST LAKE WORTH FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAY R BOYD 140 CARONDELLET CT BOSSIER CITY LA 71111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas Williams 4414 Richmond Ave Shreveport, LA 71104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: **C. Mitchell Kale** **C. Mitchell Kale** **02/17/08** **407-324-4590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #