

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90302 034 \*\*\*\*50.00

DOCUMENT # L05000117743.

1. Entity Name

SKYWEST, LLC



Principal Place of Business

323 PINE TREE DRIVE  
PANAMA CITY BEACH FL 32413

Mailing Address

P.O. BOX 6354  
MIRAMAR BEACH FL 32550



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

*SAME*

3. Mailing Address

Suite, Apt. #, etc.

*323 Pine Tree Dr.  
PANAMA CITY BEACH, FL*

City & State

City & State

*FL*

Zip

Country

Zip

*32413*

Country

*FL*

4. FEI Number

06-1761058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, BRENDA L  
323 PINE TREE DRIVE  
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Brenda Arthur*

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

(NOTE: Registered Agent signature required when reinstating)

*2-2-07*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARTHUR, BRENDA L	
STREET ADDRESS	323 PINE TREE DRIVE	
CITY - ST - ZIP	PANAMA CITY BEACH FL 32413	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARTHUR, BRENDA L	
STREET ADDRESS	323 PINE TREE DRIVE	
CITY - ST - ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

*Brenda Arthur*

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

*2-2-07*

Date

Daytime Phone #