

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000117751

1. Entity Name
SKT INVESTMENTS, LLC



Principal Place of Business
**815 PEACOCK PLAZA
KEY WEST, FL 33040**

Mailing Address
**815 PEACOCK PLAZA
KEY WEST, FL 33040**



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4082789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OROPEZA, SCOTT
815 PEACOCK PLAZA
KEY WEST, FL 33040**

**DO NOT WRITE
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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SCOTT AND ELIZABETH OROPEZA, AS TENANTS
STREET ADDRESS 815 PEACOCK PLAZA
CITY-ST-ZIP KEY WEST, FL 33040

TITLE MGRM
NAME TODD AND ALICIA OROPEZA, AS TENANTS
STREET ADDRESS 815 PEACOCK PLAZA
CITY-ST-ZIP KEY WEST, FL 33040

TITLE MGRM
NAME OROPEZA, KIMBERLY
STREET ADDRESS 815 PEACOCK PLAZA
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000783097
01/22/08-80012-010 138.75

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date _____

Daytime Phone # _____