

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118208

Entity Name: SAMSKI, LLC

FILED  
Feb 06, 2006  
Secretary of State

**Current Principal Place of Business:**

14321 ARLINGTON PLACE  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

14321 ARLINGTON PLACE  
DAVIE, FL 33325

**New Mailing Address:**

FEI Number: 20-3937418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISEN, SCOTT ESQ.  
2751 EXECUTIVE PARK DRIVE  
104  
WESTON, FL 33331 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: MERRITT, DEBBIE  
Address: 2751 EXECUTIVE PARK DRIVE, STE 104  
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete  
Name: STERLING, SARAH  
Address: 2751 EXECUTIVE PARK DRIVE, STE 104  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MERRITT, DEBBIE  
Address: 2751 EXECUTIVE PARK DRIVE, STE 104  
City-St-Zip: WESTON, FL 33331

Title: MGR (X) Change ( ) Addition  
Name: STERLING, SARAH  
Address: 2751 EXECUTIVE PARK DRIVE, STE 104  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE MERRITT

MGR

02/06/2006

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