

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90171 005 ***138.75

DOCUMENT # L06000026004

1. Entity Name
NEW SKYLAND LTD CO.



Principal Place of Business
**7750 OKEECHOBEE BLVD., #6
WEST PALM BEACH, FL 33411**

Mailing Address
**3157 HARTRIDGE TERRACE
WELLINGTON, FL 33414**

60025246



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4480181

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POON, CHUK KWAN
3157 HARTRIDGE TERRACE
WELLINGTON, FL 33414**

Name **YUH HUN POON**

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

3157 HARTRIDGE TERRACE

City **WELLINGTON**

FL

Zip Code **33414**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☒ Delete
STREET ADDRESS
CITY-STATE-ZIP **POON, CHUK KWAN
3157 HARTRIDGE TERRACE
WELLINGTON, FL 33414**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **MGR** ☐ Change ☒ Addition
STREET ADDRESS
CITY-STATE-ZIP **POON, YUH HUN
3157 HARTRIDGE TERRACE
WELLINGTON, FL 33414**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #