

FILED
May 22, 2007 8:00 am
Secretary of State

03-28-2007 90185 012 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000033263 1. Entity Name SKS COVE, LLC			
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950		Mailing Address C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box # 357, SEVERIN ROAD Suite, Apt. #, etc.		3. Mailing Address SASH S. SESHADRI Suite, Apt. #, etc. 357 SEVERIN ROAD	
City & State PORT CHARLOTTE		City & State PORT CHARLOTTE	
Zip 33952		Zip 33952	
Country CHARLOTTE		Country CHARLOTTE	
4. FEI Number 20-4763493		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A FARR, FARR, EMERICH, HACKETT AND CARR, P.A 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name SASH S. SESHADRI Street Address (P.O. Box Number is Not Acceptable) 357, SEVERIN ROAD City PORT CHARLOTTE FL Zip Code 33952	
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. (SASH S. SESHADRI) SIGNATURE DATE 4/16/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 3/22/07 791-627-951 Date Daytime Phone #	

SASH S. SESHADRI