

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

03-28-2007 90185 039 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/

DOCUMENT # L06000033265 1. Entity Name SKS COMMERCIAL, 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 # Suite, Apt. #, etc. 357 SEVERIN ROAD		3. Mailing Address Suite, Apt. #, etc. 357 SEVERIN ROAD																									
City & State PORT CHARLOTTE		City & State PORT CHARLOTTE																									
Zip 33902		Zip 33902																									
Country CHARLOTTE		Country CHARLOTTE																									
4. FEI Number 20-4763432		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 33902																									
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 (SASH S. SESHADRI) Signature, typed to avoid name of registered agent and see 7 above. (NOTE: Registered Agent signature required when registering) DATE 4/16/07																											
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☒ Addition M/RM SASH S. SESHADRI 357 SEVERIN ROAD PORT CHARLOTTE, FL 33902 </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☒ Addition M/RM KALA SESHADRI 357 SEVERIN ROAD PORT CHARLOTTE, FL 33902 </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition M/RM SASH S. SESHADRI 357 SEVERIN ROAD PORT CHARLOTTE, FL 33902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition M/RM KALA SESHADRI 357 SEVERIN ROAD PORT CHARLOTTE, FL 33902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 366107 941-627-5157 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # SASH S. SESHADRI																											