

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 007 ****50.00

DOCUMENT # L06000051933

1. Entity Name
SKG OF BEVERLY HILLS, LLC



Principal Place of Business
3591 N. LECANTO HIGHWAY
LECANTO, FL 34465

Mailing Address
3591 N. LECANTO HIGHWAY
LECANTO, FL 34465

60022394



2. Principal Place of Business - No P.O. Box #
3470 N LECANTO HWY
Suite, Apt. #, etc.

3. Mailing Address
3470 N LECANTO HWY
Suite, Apt. #, etc.

03082007 Chg-LLC CR2E083 (12/06)

City & State
BEVERLY HILLS
Zip FL Country USA

City & State
BEVERLY HILLS
Zip FL Country USA

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

KINNARD, JEFFERY S D.C.
3591 N. LECANTO HIGHWAY
LECANTO, FL 34465

7. Name and Address of New Registered Agent

Name KINNARD, JEFFERY S D.C.
Street Address (P.O. Box Number is Not Acceptable)
3470 N LECANTO HWY
City BEVERLY HILLS FL Zip Code 34465

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KINNARD, JEFFERY S D.C.
STREET ADDRESS 3591 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO, FL 34465 ☐ Delete

TITLE MGR
NAME ST. MARTIN, DACELIN M.D.
STREET ADDRESS PO BOX 2066
CITY-ST-ZIP LECANTO, FL 34460 ☐ 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

TITLE MGR
NAME KINNARD, JEFFERY S D.C. ☒ Change ☐ Addition
STREET ADDRESS 3470 N LECANTO HWY
CITY-ST-ZIP BEVERLY HILLS, FL 34465

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

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/07 352-527-5433