

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000017204

Entity Name: SKLAKEWORTH, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10394 LA REINA RD.  
DELARY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

10394 LA REINA RD.  
DELARY BEACH, FL 33446 US

**New Mailing Address:**

FEI Number: 45-0552071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KROST, STUART  
3618 LANTANA RD.  
LAKEWORTH, FL 33462 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  
Name: CKROST, LLC  
Address: 10394 LA REINA RD.  
City-St-Zip: DELARY BEACH, FL 33446 US

I hereby 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: C.KROST

MGRM

04/27/2012

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