

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023425

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** SKAFFCO ENGINEERING & MANUFACTURING LLC

**Current Principal Place of Business:**

5109 W. KNOX STREET  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5109 W. KNOX STREET  
TAMPA, FL 33634 US

**New Mailing Address:**

489 LUCERNE AVENUE  
TAMPA, FL 33606 US

**FEI Number:** 20-8589479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKAFF, GHADA  
3401 W. GRANADA ST  
TAMPA, FL 33629 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: CEO  
Name: SKAFF, HABIB  
Address: 4006 W. SWANN AVE  
City-St-Zip: TAMPA, FL 33609

Title: P  
Name: SKAFF, GHADA  
Address: 3401 W. GRANADA ST  
City-St-Zip: TAMPA, FL 33629

Title: S/T  
Name: SKAFF, AFIFE  
Address: 489 LUCERNE AVENUE  
City-St-Zip: TAMPA, FL 33606

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: GHADA SKAFF

P

01/23/2012

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