2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084077

Entity Name: SKMB HOLDINGS, LLC

Name:

Address:

City-St-Zip:

ROTH, BONNIE L

LAKELAND, FL 33813 US

2427 CREWS LAKE HILLS LOOP, NORTH

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1795 NORTH BROADWAY AVENUE BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 6516 LAKELAND, FL 33807 US FEI Number: 45-0570986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHALEC, RICHARD S 1501 GRASSLANDS BOULEVARD LAKELAND, FL 33803 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MICHALEC, RICHARD S II Name: Name: Address: 1501 GRASSLANDS BOULEVARD, #25 Address: City-St-Zip: LAKELAND, FL 33803 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ROTH, KELLY S Name: Address: 2427 CREWS LAKE HILLS LOOP, NORTH Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MICHALEC, MELINDA S Name: Name: 1501 GRASSLANDS BOULEVARD, #25 Address: Address: City-St-Zip: LAKELAND, FL 33803 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE MICHALEC OFCR 03/23/2009