

FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90038 044 ***138.75

DOCUMENT # L07000092066					
1. Entity Name SKY BLUE INTERNATIONAL LLC					
Principal Place of Business 706 137TH ST. E. BRADENTON, FL 34212			Mailing Address 706 137TH ST. E. BRADENTON, FL 34212		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0868408	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PENDLEY, DEBORAH 706 137TH ST. E. BRADENTON, FL 34212				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, Word or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when withdrawing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENDLEY, DEBORAH 706 137TH ST. E. BRADENTON, FL 34212 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINGARDH, PEGGY A 8205 QUAIL GREENS TERR. BRADENTON, FL 34212 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 603, Florida Statutes.					
SIGNATURE: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					