


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-22-2008 90038 019 ***138.75

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DOCUMENT # L07000103531					
1. Entity Name SKYE WHOLESALE, LLC					
Principal Place of Business 1805 FLAMETREE LN VENICE, FL 34293			Mailing Address 1805 FLAMETREE LN VENICE, FL 34293		
2. Principal Place of Business - No P.O. Box # 787 Commerce dr. Suite, Apt. #, etc. Suite 9 City & State Venice, Florida Zip 34292 Country US		3. Mailing Address 787 Commerce dr. Suite, Apt. #, etc. Suite 9 City & State Venice, FL Zip 34292 Country US		01312008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 45-0577285				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN STREET, SUITE 303 C/O SABA & KING, LLP SARASOTA, FL 34237			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 <u>Corey Skye</u> <u>Managing Member</u> DATE <u>Mar 13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKYE, COREY P 1805 FLAMETREE LN VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Corey Skye</u> <u>Managing Member</u> DATE <u>02/20/08</u> <u>941-484-1866</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					