## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000116581

City-St-Zip:

LARCHMONT, NY 10538

Entity Name: SKYBLUE TECHNICS LLC

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 401 W SEMINOLE BLVD SUITE 74 SANFORD, FL 32771 **New Mailing Address: Current Mailing Address:** 401 W SEMINOLE BLVD SUITE 74 SANFORD, FL 32771 FEI Number: 26-1441101 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: SAMSON, SVEN SAMSON, SVEN 401 W SÉMINOLE BLVD 401 W SEMINOLE BLVD SANFORD, FL 32771 SUITE 74 SANFORD, FL 32771 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: 04/23/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SAMSON, SVEN Name: Name: Address: 401 W SEMINOLE BLVD Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SAMSON, MARC Name: Address: 1 WINGED FOOT DRIVE Address: City-St-Zip: LARCHMONT, NY 10538 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SAMSON, NICOLE Name: Name: 1 WINGED FOOT DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: SVEN SAMSON MGR 04/23/2009