

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016900

Entity Name: BLUE SKY 6, LLC

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

2600 CLIFF ST  
NORTH PORT, FL 34286

## New Principal Place of Business:

303 S. TAMiami TRAIL  
UNIT A  
NOKOMIS, FL 34275

## Current Mailing Address:

2600 CLIFF ST  
NORTH PORT, FL 34286

## New Mailing Address:

12303 CAPRI ST.  
NORTH PORT, FL 34287

FEI Number: 26-1970105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TKACHENKO, VALERIY  
2600 CLIFF ST  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

TARASENKO, YEVGENIYA PRNT  
12303 CAPRI ST.  
NORTH PORT, FL 34287 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: TARASENKO YEVGENIYA

01/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: TARASENKO, YURIY MGR  
Address: 12303 CAPRI ST.  
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM ( ) Change (X) Addition  
Name: TKACHENKO, VALERIY MGRM  
Address: 2600 CLIFF ST  
City-St-Zip: NORTH PORT, FL 34286

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.

SIGNATURE: TARASENKO YEVGENIYA

PRNT

01/15/2009

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