

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041567

Entity Name: SKADOIT LLC

FILED
Apr 28, 2012
Secretary of State

Current Principal Place of Business:

1835 EAST WEST PARKWAY, STE 9
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

1835 EAST WEST PARKWAY, STE 9
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 22-3978722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER RIDGE & SAFI
136 EAST BAY STREET
SUITE 301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

NYE, STEPHEN D
1835 EAST WEST PARKWAY
SUITE 9
FLEMING ISLAND, FL 32003 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: STEPHEN NYE

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NYE, STEPHEN
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR
Name: WIDDOWS, JOHN
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR
Name: NYE, DENNIS
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR
Name: ELLIOTT, BRAD
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR
Name: JIM, PAULIN
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR
Name: HOURMOUZIS, NICK
Address: 1835 EAST WEST PARKWAY, STE 9
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: STEPHEN NYE

MGR

04/28/2012

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