

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049031

Entity Name: SKY GAMES, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

5702 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

5702 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

5702 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

5702 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 37-1567775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YURCHISON, GEORGE S
5702 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YURCHISON, GEORGE S
Address: 5702 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Delete
Name: YURCHISON, KIMBERLY A
Address: 5702 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YURCHISON, GEORGE S
Address: 5702 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM (X) Change () Addition
Name: YURCHISON, KIMBERLY A
Address: 5702 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: GEORGE S. YURCHISON

MGRM

04/03/2009

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