

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066212

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ENDLESS BLUE SKIES, LLC

**Current Principal Place of Business:**

1788 KESWICK RD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

226 ST. JOE PLAZA DRIVE  
PALM COAST, FL 32164

**Current Mailing Address:**

1788 KESWICK RD  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

226 ST. JOE PLAZA DRIVE  
PALM COAST, FL 32164

**FEI Number:** 38-3788605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, LOUISE R  
1788 KESWICK RD  
ST AUGUSTINE, FL 32084 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  
**Name:** WILSON, MICHAEL A  
**Address:** 1788 KESWICK ROAD  
**City-St-Zip:** ST. AUGUSTINE, FL 32084 US

**Title:** MGRM  
**Name:** WILSON III, JAMES R  
**Address:** 1788 KESWICK ROAD  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

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:** MICHAEL A. WILSON

MGRM

04/26/2012

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