2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L08000069155

Entity Name: SKK, LLC

Current Principal Place of Business:

25166 MARION AVE, 114
PUNTA GORDA, FL 22950

New Principal Place of Business:

25166 MARION AVE, 114
PUNTA GORDA, FL 33950

Current Mailing Address:

25166 MARION AVE, 114
PUNTA GORDA, FL 22950

New Mailing Address:

25166 MARION AVE, 114
PUNTA GORDA, FL 33950

FEI Number: 26-2994975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRIVEDI & ASSOCIATES, P.L.
733 WEST COLONIAL DRIVE
SECOND FLOOR
ORLANDO, FL 32804 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: CAVANAUGH, SUNNY
Address: 25166 MARION AVE, 114
City-St-Zip: PUNTA GORDA, FL 22950

Title: M ( ) Delete
Name: CAVANAUGH, KYLE
Address: 25166 MARION AVE, 114
City-St-Zip: PUNTA GORDA, FL 22950

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAVANAUGH, SUNNY
Address: 25166 MARION AVE, 114
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR (X) Change ( ) Addition
Name: CAVANAUGH, KYLE
Address: 25166 MARION AVE, 114
City-St-Zip: PUNTA GORDA, FL 33950

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: SUNNY CAVANAUGH MGRM 02/04/2009

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