

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017129

Entity Name: SKYLOCKER, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

512 PENNSYLVANIA AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

512 PENNSYLVANIA AVE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVANS, GEORGIA A  
512 PENNSYLVANIA AVE  
LYNN HAVEN, FL 32444 US

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

EVANS, GEORGIA A  
106 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SNOW, ANTHONY  
Address: 106 THOMAS DRIVE  
City-St-Zip: PANAMA CITY, FL 32408

Title: MGR  
Name: SNOW, ANTHONY  
Address: 106 THOMAS DR  
City-St-Zip: PANAMA CITY, FL 32408

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: ANTHONY SNOW

MGR

04/30/2010

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