

2001 UNIFORM BUSINESS REPORT (UBR)

0001677 AF

DOCUMENT # L99000005801

1. Entity Name
SKYY HOLDINGS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:11

Principal Place of Business
2820 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034

Mailing Address
2820 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
910 S. ~~Fletcher~~ 8th St.
Suite, Apt. #, etc.
Suite 110

3. Mailing Address
910 S. 8th St.
Suite, Apt. #, etc.
Suite 110

City & State
Fernandina Beach

City & State
Fernandina Beach

4. FEI Number 58-2493195

Applied For
Not Applicable

Zip
32034

Country
USA

Zip
32034

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, SHERRY
2820 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name Klein, Sherry
Street Address (P.O. Box Number is Not Acceptable)
910 S. 8th St.
City Fernandina Beach FL Zip Code 32034

8. 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 Sherry Klein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2.28.01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMED, SALMA H 980 CANTON ST. BLDG. 2, STE 201 ROSWELL GA 30075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMED, KIM 980 CANTON STREET, BLDG 2, SUITE 201 ROSWELL GA 30076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Salma H. Ahmed 2.28.01 770.641.941

CR2E083 (11/00)