

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001390**

1. Entity Name  
**SKILKEN HOLDINGS, L.L.C.**



Principal Place of Business  
**383 SOUTH THIRD STREET  
COLUMBUS, OH 43215**

Mailing Address  
**383 SOUTH THIRD STREET  
COLUMBUS, OH 43215**



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>61-1417860</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000908129  
05/05/08-80018-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                    |
|----------------|--------------------|
| TITLE          | MGRM               |
| NAME           | SKILKEN, STEVE     |
| STREET ADDRESS | 3833 S. 3RD ST.    |
| CITY- ST- ZIP  | COLUMBUS, OH 43215 |
| TITLE          | MGRM               |
| NAME           | SKILKEN, LYNNE     |
| STREET ADDRESS | 3833 S. 3RD ST.    |
| CITY- ST- ZIP  | COLUMBUS, OH 43215 |
| TITLE          | MGRM               |
| NAME           | SKILKEN, HELEN     |
| STREET ADDRESS | 3833 S. 3RD ST.    |
| CITY- ST- ZIP  | COLUMBUS, OH 43215 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Steve Skilken* **STEVE SKILKEN**

**4/18/08**

**614-221-4577**

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

Date

Daytime Phone #