


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000000938</b>	
1. Entity Name <b>SKLODOSKY BUILDERS, LLC</b>	

Principal Place of Business <b>531 BROOKWOOD CT MINNEOLA, FL 34715</b>	Mailing Address <b>PO BOX 796 MINNEOLA, FL 34755</b>
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SKLODOSKY, EMILY D 531 BROOKWOOD CT MINNEOLA, FL 34715</b>
--

	
02272008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number <b>06-1590664</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>U00000844302 03/12/08-80030-021 143.75</b>
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SKLODOSKY, EMILY D 531 BROOKWOOD CT MINNEOLA, FL 34715</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.

<b>SIGNATURE:</b> <i>Emily D. Sklodosky</i> <b>Emily D. Sklodosky, Member</b>	<b>2-27-08</b>	<b>352-243-1697</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>