

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000069433

**Entity Name:** 2773 SKP LLC

**Current Principal Place of Business:**

WADE PALMER  
1217 W. CHARLES ST.  
CHAMPAIGN, IL 61821

**Current Mailing Address:**

WADE PALMER  
1217 W. CHARLES ST.  
CHAMPAIGN, IL 61821

**FEI Number:** 47-3837890

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	PALMER, WADE	Name	KEEN, STEVEN M
Address	1217 W. CHARLES	Address	1217 W. CHARLES
City-State-Zip:	CHAMPAIGN IL 61821	City-State-Zip:	CHAMPAIGN IL 61821

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WADE PALMER

AMBR

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date