

Division of Corporations

**L230004273013ABCW**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC  
Account Number : I20230000134  
Phone : (239)418-0169  
Fax Number : (239)418-0048

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2024 JAN -5 PM 1:06  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
SKYLINE 2722, LLC**

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JAN 08 2024

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**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKYLINE 2722, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luca Di Nunzio

\_\_\_\_\_  
Name of Person

Dorcey Law Firm

\_\_\_\_\_  
Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

support@dlfregisteredagent.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca Di Nunzio

239

308-1073

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000427301 3)))

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SKYLINE 2722, LLC

2. (a) 5553 Shaddelee Lane W (b) 5553 Shaddelee Lane W

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Fort Myers, FL Fort Myers, FL 33919

12/04/2023 4. Document number L23000536645

3. Date of filing/registration in Florida 4. Document number DLF REGISTERED AGENT SERVICE, LLC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10181 SIX MILE CYPRESS PKWY STE C Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FORT MYERS, FL 33966

(b) Eloise R. Sarlo Enter name of NEW Registered Agent and/or NEW Registered Office address:

5553 Shaddelee Lane W NEW Registered Office Address: Fort Myers, FL 33919

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Eloise R. Sarlo Eloise R. Sarlo Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/Eloise R. Sarlo Signature of Registered Agent

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