

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000061156

**Entity Name:** SKYLINE MOVING & DELIVERY, INC.

**Current Principal Place of Business:**

1450 MARIPOSA CIR  
104  
NAPLES, FL 34105

**Current Mailing Address:**

1450 MARIPOSA CIR  
104  
NAPLES, FL 34105 US

**FEI Number:** 46-3279371

**Certificate of Status Desired:** No

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

LOPEZ, LUIS A  
1450 MARIPOSA CIR  
104  
NAPLES, FL 34105 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

**Officer/Director Detail :**

Title P  
Name LOPEZ, LUIS A  
Address 1450 MARIPOSA CIR 104  
City-State-Zip: NAPLES FL 34105

Title VP  
Name LOPEZ, BELINDA  
Address 1450 MARIPOSA CIR  
104  
City-State-Zip: NAPLES FL 34105

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS A LOPEZ

**PRESIDENT**

**03/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date