

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049722

**Entity Name:** SKYLINE DYNAMICS, LLC

**Current Principal Place of Business:**

1521 ALTON ROAD #478  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1521 ALTON ROAD #478  
MIAMI BEACH, FL 33139 US

**FEI Number:** 34-2005090

**Certificate of Status Desired:** No

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

JACOBS, MITCHELL EESQ.  
MITCHELL E. JACOBS, P.A.  
15001 N.W. 42ND AVENUE  
MIAMI, FL 33054 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 MGRM  
Name SANDERS, ROSS  
Address 20423 STATE ROAD 7, SUITE F-6,  
PMB-266  
City-State-Zip: BOCA RATON FL 33498-6792

Title MGR  
Name ARKEILPANE, DAVID  
Address 20423 STATE ROAD 7, SUITE F-6,  
PMB-266  
City-State-Zip: BOCA RATON FL 33498-6792

*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:** ROSS SANDERS

MGRM

01/08/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date