### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058051

Entity Name: SKYBRIDGE ENTERPRISES, LLC

### **Current Principal Place of Business:**

9314 FOREST HILL BLVD SUITE 5 WELLINGTON, FL 33411

### **Current Mailing Address:**

109 GOLFVIEW DR GIBSONIA, PA 15044 US

# FEI Number: 20-1501519

### Name and Address of Current Registered Agent:

COATES, LEE 9314 FOREST HILL BLVD SUITE 5 WELLINGTON, FL 33411 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

## Authorized Person(s) Detail :

| Title           | MGRM              |  |  |  |  |  |  |  |
|-----------------|-------------------|--|--|--|--|--|--|--|
| Name            | COATES, LEE       |  |  |  |  |  |  |  |
| Address         | 109 GOLFVIEW DR   |  |  |  |  |  |  |  |
| City-State-Zip: | GIBSONIA PA 15044 |  |  |  |  |  |  |  |

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.

MGRM

| SIGNATURE: | LEE | COATES |   |  |  |  |  |
|------------|-----|--------|---|--|--|--|--|
|            |     |        | - |  |  |  |  |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 17, 2014 Secretary of State CC5999468512

Certificate of Status Desired: No

Date