

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083495

**Entity Name:** SKYLAKE REDEVELOPMENT, LLC

**Current Principal Place of Business:**

18117 BISCAYNE BLVD  
SUITE 2616  
MIAMI, FL 33160

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**3421359876CC**

**Current Mailing Address:**

18117 BISCAYNE BLVD  
SUITE 2616  
MIAMI, FL 33160 US

**FEI Number:** 83-0422153

**Certificate of Status Desired:** No

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

PAUL, FRAYND  
18117 BISCAYNE BLVD  
SUITE 2616  
MIAMI, FL 33160 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:** PAUL FRAYND

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FRAYND, MARCOS  
Address P.O. BOX 85066  
City-State-Zip: HALLANDALE BEACH FL 33008

Title MGR  
Name FRAYND, SAUL  
Address P.O. BOX 85066  
City-State-Zip: HALLANDALE BEACH FL 33008

Title MGR  
Name FRAYND, PAUL  
Address 1835 NE MIAMI GARDENS DR # 144  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGR  
Name FRAYND, FANNY  
Address 2800 ISLAND BLVD., #2702  
City-State-Zip: AVENTURA FL 33160

Title MGR  
Name FRAYND, GLADYS  
Address 5272 BOCA MARINA CIR SOUTH  
City-State-Zip: BOCA RATON FL 33160

Title VP  
Name ORNER, ERIC  
Address 5272 BOCA MARINA CIR SOUTH  
City-State-Zip: BOCA RATON FL 33160

Title AS  
Name SINGER, RONIT  
Address 18117 BISCAYNE BLVD  
SUITE 2365  
City-State-Zip: MIAMI FL 33160

Title VP  
Name SINGER, SALOMON  
Address 18117 BISCAYNE BLVD  
SUITE 2365  
City-State-Zip: MIAMI FL 33160

**Continues on page 2**

*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:** SALOMON SINGER

VP

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AT  
Name FRAYND, ARIEL  
Address 21130 NE 18 COURT  
City-State-Zip: MIAMI FL 33179

Title AS  
Name ORNER, AMIE  
Address 5272 BOCA MARINA CIR SOUTH  
City-State-Zip: BOCA RATON FL 33160

Title VP  
Name FRAYND, DANIEL  
Address 21130 NE 18 COURT  
City-State-Zip: MIAMI FL 33179