2023 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

Current Mailing Address:

18117 BISCAYNE BLVD SUITE 2616 MIAMI, FL 33160 US

FEI Number: 83-0422153

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.

| | entity submits this statement for the purpose of changing its regi | stered onice of regis | | | | | |
|-------------------------------|--|-----------------------|-----------------------------------|-----------|--|--|--|
| SIGNATURE: | PAUL FRAYND | | 0 | 4/06/2023 | | | |
| | Electronic Signature of Registered Agent | | | Date | | | |
| Authorized Person(s) Detail : | | | | | | | |
| Title I | MGR | Title | MGR | | | | |
| Name F | FRAYND, MARCOS | Name | FRAYND, SAUL | | | | |
| Address F | P.O. BOX 85066 | Address | P.O. BOX 85066 | | | | |
| City-State-Zip: H | HALLANDALE BEACH FL 33008 | City-State-Zip: | HALLANDALE BEACH FL 33008 | | | | |
| Title | MGR | Title | MGR | | | | |
| Name F | FRAYND, PAUL | Name | FRAYND, FANNY | | | | |
| Address | 1835 NE MIAMI GARDENS DR # 144 | Address | 2800 ISLAND BLVD., #2702 | | | | |
| City-State-Zip: | NORTH MIAMI BEACH FL 33179 | City-State-Zip: | AVENTURA FL 33160 | | | | |
| Title | MGR | Title | VP | | | | |
| Name F | FRAYND, GLADYS | Name | ORNER, ERIC | | | | |
| Address 8 | 5272 BOCA MARINA CIR SOUTH | Address | 5272 BOCA MARINA CIR SOUTH | | | | |
| City-State-Zip: | BOCA RATON FL 33160 | City-State-Zip: | BOCA RATON FL 33160 | | | | |
| Title | AS | Title | VP | | | | |
| Name S | SINGER, RONIT | Name | SINGER, SALOMON | | | | |
| | 18117 BISCAYNE BLVD SUITE 2365 | Address | 18117 BISCAYNE BLVD SUITE 2365 | | | | |
| City-State-Zip: | MIAMI FL 33160 | City-State-Zip: | MIAMI FL 33160 | | | | |

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VP

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 06, 2023 Secretary of State 8093137186CC

Certificate of Status Desired: No

Date

04/06/2023

Authorized Person(s) Detail Continued :

21130 NE 18 COURT

City-State-Zip: MIAMI FL 33179

Address

| Title | AT | Title | AS |
|-----------------|-------------------|-----------------|----------------------------|
| Name | FRAYND, ARIEL | Name | ORNER, AMIE |
| Address | 21130 NE 18 COURT | Address | 5272 BOCA MARINA CIR SOUTH |
| City-State-Zip: | MIAMI FL 33179 | City-State-Zip: | BOCA RATON FL 33160 |
| Title | VP | | |
| Name | FRAYND, DANIEL | | |