

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083495

Entity Name: SKYLAKE REDEVELOPMENT, LLC

Current Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
144
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
144
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 83-0422153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL, FRAYND
1835 NE MIAMI GARDENS DR
SUITE 144
NORTH MIAMI BEACH, FL 33179 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

03/31/2015

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

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: PAUL FRAYND

MGR

03/31/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date