

**2014 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

03/05/2014

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

MANAGER

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date