

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120931

**Entity Name:** SKISATURN LLC

**Current Principal Place of Business:**

1604 S DAYTONA AVENUE  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

1604 S DAYTONA AVENUE  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 54-2189596

**Certificate of Status Desired:** No

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

WISNESKI, JONICA L  
1604 S DAYTONA AVENUE  
FLAGLER BEACH, FL 32136 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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WISNESKI, JONICA L  
Address 1604 S DAYTONA AVENUE  
City-State-Zip: FLAGLER BEACH FL 32136

Title MGRM  
Name WISNESKI, RONALD H  
Address 1604 S DAYTONA AVENUE  
City-State-Zip: FLAGLER BEACH FL 32136

Title MGRM  
Name WISNESKI, RYAN H  
Address 1500 BELMONT DRIVE  
City-State-Zip: ORLANDO FL 33477

Title MGRM  
Name WISNESKI, DANE P  
Address 946 E MICHIGAN STREET  
APT B  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name WISNESKI, LEAH N  
Address 1801 SHERWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name WISNESKI, TROY A  
Address 1801 SHERWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

*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:** JONICA WISNESKI

**MANAGING MEMBER**

**01/26/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date