

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071480

**Entity Name:** SKYLINE CUSTOMS SERVICES, LLC

**Current Principal Place of Business:**

7539 NW 52ND ST.  
MIAMI, FL 33316

**Current Mailing Address:**

5805 BLUE LAGOON DR  
200  
MIAMI, FL 33126

**FEI Number:** 26-3047493

**Certificate of Status Desired:** No

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

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
200  
MIAMI, FL 33126 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 MGRM  
Name QUERINO ESTEVAN, PAULO R.  
Address 5805 BLUE LAGOON DR. STE. 200  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name ALTHEMAN, CINTIA  
Address 1555 N TREASURE DR #211  
City-State-Zip: N BAY VILLAGE FL 33141

*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:** CINTIA ALTHEMAN

**MANAGEMENT MEMBER** 04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date