

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090321

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC5714348679**

**Entity Name:** SKYTOWER PROPERTIES, LLC

**Current Principal Place of Business:**

CONAL FOLEY 3834 W.PLATT ST.  
TAMPA, FL 33609

**Current Mailing Address:**

CONAL FOLEY 3834 W.PLATT ST.  
TAMPA, FL 33609 US

**FEI Number:** 27-0213171

**Certificate of Status Desired:** No

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

MUFF, SANDI  
1902 W. MAIN STREET  
TAMPA, FL 33607 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:** SANDI MUFF

01/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOLEY, CONAL O  
Address 3834 W.PLATT ST.  
City-State-Zip: TAMPA FL 33609

Title MGRM  
Name FOLEY, ELIZABETH D  
Address 3834 W.PLATT ST.  
City-State-Zip: TAMPA FL 33609

Title MGRM  
Name FOLEY, EVAN M  
Address 501 KNIGHTS RUN AVE.  
City-State-Zip: TAMPA FL 33620

Title MGRM  
Name FOLEY, ALLISON E  
Address 3803 N. OAK DR  
UNIT # B22  
City-State-Zip: TAMPA FL 33611

*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:** CONAL O. FOLEY

MGRM

01/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date