

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095841

**Entity Name:** SKIAFFO LLC

**Current Principal Place of Business:**

130 CYPRESS CLUB DRIVE  
SUITE 316  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

130 CYPRESS CLUB DRIVE  
SUITE 316  
POMPANO BEACH, FL 33060 US

**FEI Number:** 90-0964475

**Certificate of Status Desired:** No

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

FINANCIAL SOLUTIONS MSC CORP  
130 CYPRESS CLUB DRIVE  
SUITE 316  
POMPANO BEACH, FL 33060 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 AMBR  
Name MARTINEZ CASTILLO, MARIA SOLANGE  
Address 130 CYPRESS CLUB DRIVE, SUITE 316  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name MARTINEZ CASTILLO, LUIS SACHA  
Address 130 CYPRESS CLUB DRIVE, SUITE 316  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name CASTILLO, ANA MARIA  
Address 130 CYPRESS CLUB DRIVE, SUITE 316  
City-State-Zip: POMPANO BEACH FL 33060

*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:** MARIA SOLANGE MARTINEZ CASTILLO

AMBR

02/26/2024

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

\_\_\_\_\_  
Date