

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000141086

**Entity Name:** SKYLINE NYC LLC

**Current Principal Place of Business:**

70 WEST 45 ST  
PH3  
NEW YORK, NY 10036

**Current Mailing Address:**

70 WEST 45 ST  
PH3  
NEW YORK, NY 10036 US

**FEI Number:** 47-1798419

**Certificate of Status Desired:** No

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

TAX & ACCOUNTING SOLUTIONS  
616 ATLANTIC SHORES BLVD  
HALLANDALE, FL 33009 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:** CARLOS GONZALEZ

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	GOMEZ, SANDRA F	Name	VISBAL, CARLOS
Address	1300 BRICKELL BAY DR 3302	Address	70 WEST 45 ST PH3
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	NEW YORK NY 10036

*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:** SANDRA GOMEZ

AMBR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date