

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000062984

**Entity Name:** SKY FLORIDA BUSINESS LLC

**Current Principal Place of Business:**

5401 S. KIRKMAN RD  
STE #135  
ORLANDO, FL 32819

**FILED**  
**Jan 21, 2017**  
**Secretary of State**  
**CC6971062046**

**Current Mailing Address:**

5401 S. KIRKMAN RD  
STE #135  
ORLANDO, FL 32819 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD  
STE #135  
ORLANDO, FL 32819 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            GUELLER PASSI, CARLOS F  
Address        AL SIBIPIRUNA, 167  
                  APT 253 - JOSEFINA  
City-State-Zip: OSASCO SAO PAULO 06030-302

Title            AMBR  
Name            RODRIGUES PASSI, TATIANA  
Address        AL SIBIPIRUNA, 167  
                  APT 253 - JOSEFINA  
City-State-Zip: OSASCO SAO PAULO 06030-302

*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: CARLOS FERNANDO GUELLER PASSI**

**MR**

**01/21/2017**

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

\_\_\_\_\_  
Date