

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000153999

**Entity Name:** 1 STORY SKYSCRAPER INVESTMENTS, LLC

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC5653173707**

**Current Principal Place of Business:**

1085 W. MORSE BLVD.  
SUITE 220  
WINTER PARK, FL 32789

**Current Mailing Address:**

1085 W. MORSE BLVD.  
SUITE 220  
WINTER PARK, FL 32789 US

**FEI Number:** 47-5067023

**Certificate of Status Desired:** No

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

JBM HOLDINGS, INC.  
1085 W. MORSE BLVD.  
SUITE 220  
WINTER PARK, FL 32789 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	JBM HOLDINGS, INC.
Address	1085 W. MORSE BLVD. SUITE 220
City-State-Zip:	WINTER PARK FL 32789
Title	AMBR
Name	SHRADER, BRICE II
Address	1416 E. WASHINGTON STREET
City-State-Zip:	ORLANDO FL 32801
Title	AMBR
Name	LANE, MICHAEL
Address	3347 TEJON STREET
City-State-Zip:	DENVER CO 80211

Title	AMBR
Name	WOLF, DAVID
Address	681 GREYWOOD DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	AMBR
Name	MILAZZO, NICHOLAS
Address	5960 JESSICA DRIVE
City-State-Zip:	APOPKA FL 32703

*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:** JBM HOLDINGS

**MANAGER**

**04/27/2017**

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

\_\_\_\_\_  
Date