

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000148511

**Entity Name:** SKGF LLC**Current Principal Place of Business:**11951 INTERNACIONAL DRIVE  
SUITE 2C4  
ORLANDO, FL 32821**Current Mailing Address:**11951 INTERNACIONAL DRIVE,  
SUITE 2C4  
ORLANDO, FL 32821 US**FEI Number:** 37-1863900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARDEAL, ANA ANA CARDEAL  
2950, LUCAYAN HARBOUR CIRCLE  
UNITY 104  
ORLANDO, FL 34746 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:** ANA CARDEAL

02/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | AMBR                                    |
| Name            | TOCCI, PAULO SERGIO                     |
| Address         | AV NOSSA SENHORA DO ROCIO 966<br>APT 16 |
| City-State-Zip: | CORNELIO PROCOPIO PR 86300--<br>000     |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | AMBR                                    |
| Name            | PEREIRA, ANA CRISTINA                   |
| Address         | AV NOSSA SENHORA DO ROCIO 966<br>APT 16 |
| City-State-Zip: | CORNELIO PROCOPIO PR 86300--<br>000     |

|                 |                  |
|-----------------|------------------|
| Title           | AMBR             |
| Name            | TOCCI, GABRIELA  |
| Address         | 48, KOLLEMOSEVEJ |
| City-State-Zip: | VIRUM 2830       |

|                 |                            |
|-----------------|----------------------------|
| Title           | AMBR                       |
| Name            | TOCCI, BRUNA               |
| Address         | 957, TIRADENTES AVE<br>104 |
| City-State-Zip: | ROLANDIA PARANA 86600-059  |

*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:** ANA CRISTINA CARDEAL PEREIRA

MS

02/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date