

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000193446

Entity Name: SKYLINE THERAPY, LLC

Current Principal Place of Business:

13155 IXORA CT
810
MIAMI, FL 33181

Current Mailing Address:

13155 IXORA CT
810
MIAMI, FL 33181 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DORREGO, IDALBERTO
13155 IXORA CT
810
MIAMI, FL 33181 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: IDALBERTO DORREGO

12/06/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DORREGO, IDALBERTO
Address 13155 IXORA CT
810
City-State-Zip: MIAMI FL 33181

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: IDALBERTO DORREGO

CEO

12/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date