

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000193024

**Entity Name:** THE SKYPAN LLC

**Current Principal Place of Business:**

4248 W TOWN CENTER BLVD  
SUITE 2  
ORLANDO, FL 32837

**Current Mailing Address:**

4248 W TOWN CENTER BLVD  
SUITE 2  
ORLANDO, FL 32837 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PONTE, TABITHA  
4248 W TOWN CENTER BLVD  
SUITE 2  
ORLANDO, FL 32837 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 MGR  
Name PONTE, TABITHA C  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

Title AUTHORIZED MEMBER  
Name STERNER, MICHAEL  
Address 4248 W TOWN CENTER BLVD  
SUITE 2  
City-State-Zip: ORLANDO FL 32837

Title MANAGER  
Name PONTE HEALTH NUTRITION, LLC  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

*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:** TABITHA C PONTE

MGR

06/30/2020

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

\_\_\_\_\_  
Date