

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000093048

**Entity Name:** SKYCLOPS LLC

**Current Principal Place of Business:**

1325 SHADY COVE RD W  
HAINES CITY, FL 33844

**Current Mailing Address:**

1325 SHADY COVE RD W  
HAINES CITY, FL 33844 US

**FEI Number:** 83-4381185

**Certificate of Status Desired:** No

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

KARRICK, DAVID M  
1325 SHADY COVE RD W  
HAINES CITY, FL 33844 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 MGRM  
Name KARRICK, DAVID M  
Address 1325 SHADY COVE RD W  
City-State-Zip: HAINES CITY FL 33844

*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:** DAVID KARRICK

MGRM

02/23/2022

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

\_\_\_\_\_ Date