

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000169145

**Entity Name:** SKY WIZARD LLC

**Current Principal Place of Business:**

4532 NW 114TH AVE.  
APT 1908  
DORAL, FL 33178

**Current Mailing Address:**

4532 NW 114TH AVE.  
APT 1908  
DORAL, FL 33178 US

**FEI Number:** 84-2376564

**Certificate of Status Desired:** No

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

LUTKOFF LAW, PLLC  
560 LINCOLN ROAD  
SUITE 204  
MIAMI BEACH, FL 33139 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	Title	MGR
Name	SMITH, CHARLETON	Name	DANAI, SHAKED
Address	4532 NW 114TH AVE. APT 1908	Address	4532 NW 114TH AVE. APT 1908
City-State-Zip:	DORAL FL 33178	City-State-Zip:	MIAMI FL 33178

*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:** CHARLETON SMITH

**MANAGER**

**04/09/2021**

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

\_\_\_\_\_  
Date