

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000062794

**Entity Name:** SKYWAY UNDERWRITERS, LLC

**Current Principal Place of Business:**

800 2ND AVE. S.  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

800 2ND AVE. S.  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 84-4973632

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           GRIFFITH, CHRIS  
Address        800 2ND AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33701

Title           MANAGER  
Name           ADLER, BROOKE  
Address        800 2ND AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33701

Title           MANAGER  
Name           CASTLE, SEVELLANA  
Address        800 2ND AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33701

Title           MANAGER  
Name           MARTZ, BRADFORD BENNETT  
Address        800 2ND AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** BROOKE ADLER

**GENERAL COUNSEL**

**05/01/2024**

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

\_\_\_\_\_  
Date