

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000161615

Entity Name: SKEWERED CONCEPTS LLC**Current Principal Place of Business:**4545 MARIOTTI COURT
UNIT C
SARASOTA, FL 34233**Current Mailing Address:**4545 MARIOTTI COURT
UNIT C
SARASOTA, FL 34233 US**FEI Number:** 88-1889352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANEY, WENDY
4545 MARIOTTI COURT
UNIT C
SARASOTA, FL 34233 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 AMBR
Name HANEY, CHARLES E JR
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

Title AMBR
Name BERKOWITZ, BARRY
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

Title AMBR
Name MATERESE, JAMES A
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

Title AMBR
Name ROSENTHAL, MARK
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

Title AMBR
Name MILLSAP, MICHAEL C
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

Title AMBR
Name NEEL, BRIAN W
Address 4545 MARIOTTI COURT UNIT C
City-State-Zip: SARASOTA FL 34233

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: CHARLES HANEY**MEMBER****04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date