

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000071746

**Entity Name:** LPM SKY MASTERS, LLC

**Current Principal Place of Business:**

5487 MILLIE WAY  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

5487 MILLIE WAY  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MANGUS, LAWRENCE P  
5487 MILLIE WAY  
GREEN COVE SPRINGS, FL 32043 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            PRES  
Name            MANGUS, LAWRENCE P  
Address        5487 MILLIE WAY  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title            VP  
Name            MANGUS, LAUREN  
Address        5487 MILLIE WAY  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** LAWRENCE P. MANGUS, III

**PRESIDENT**

**02/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date