

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000155914

**Entity Name:** SKYLAB VENTURES LLC

**Current Principal Place of Business:**

4720 SALISBURY ROAD  
STE #244  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8649 AC SKINNER PKWY  
APT 103  
JACKSONVILLE, FL 32256 US

**FEI Number:** 92-3368355

**Certificate of Status Desired:** No

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

JOSHI, SAUMYA  
4720 SALISBURY ROAD  
STE #244  
JACKSONVILLE, FL 32256 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            JOSHI, SAUMYA  
Address        4720 SALISBURY ROAD, STE #244  
City-State-Zip: JACKSONVILLE FL 32256

Title            AUTHORIZED MEMBER  
Name            SHARMA, MRIDU  
Address        8649 AC SKINNER PKWY  
                  APT 103  
City-State-Zip: JACKSONVILLE FL 32256

*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:** SAUMYA JOSHI

**MEMBER**

**04/04/2024**

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

\_\_\_\_\_  
Date