

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000536645

**Entity Name:** SKYLINE 2722, LLC

**Current Principal Place of Business:**

5553 SHADDELEE LANE W  
FORT MYERS, FL 33919

**Current Mailing Address:**

5553 SHADDELEE LANE W  
FORT MYERS, FL 33919 US

**FEI Number:** 93-4729014

**Certificate of Status Desired:** No

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

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PKWY STE C  
FORT MYERS, FL 33966 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  
Name SARLO, ANTHONY L  
Address 5553 SHADDELEE LANE W  
City-State-Zip: FORT MYERS FL 33919

Title MGR  
Name SARLO, ELOISE R  
Address 5553 SHADDELEE LANE W  
City-State-Zip: FORT MYERS FL 33919

*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:** ELOISE SARLO

MGR

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date