

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002403

Entity Name: SKYLINE NETWORK ENGINEERING, LLC**Current Principal Place of Business:**6956-F AVIATION BLVD.
GLEN BURNIE, MD 21061**Current Mailing Address:**6956-F AVIATION BLVD.
GLEN BURNIE, MD 21061 US**FEI Number: 37-1494684****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	P
Name	HOLSONBAKE, BRIAN
Address	2001 CONAN DOYLE WAY
City-State-Zip:	ELDERSBURG MD 21784

Title	OWNR
Name	HOLSONBAKE, BRIAN
Address	2001 CONAN DOYLE WAY
City-State-Zip:	ELDERSBURG MD 21784

Title	CEO
Name	DIEKEMPER, ANTHONY
Address	316 EMILIES LANE
City-State-Zip:	SEVERNA PARK MD 31146

Title	BUSINESS MANAGER
Name	GELLERT, MICHELLE
Address	6956-F AVIATION BLVD.
City-State-Zip:	GLEN BURNIE MD 21061

Title	CFO
Name	HOLLERBACH, PETER
Address	6956-F AVIATION BLVD.
City-State-Zip:	GLEN BURNIE MD 21061

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: PETER HOLLERBACH**CFO****06/26/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date