## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009418

Entity Name: SKYGEN SE, LLC

**FILED** Apr 20, 2021 **Secretary of State** 4563583831CC

**Current Principal Place of Business:** 

W140N8981 LILLY RD

MENOMONEE FALLS. WI 53051

**Current Mailing Address:** 

W140N8981 LILLY RD

MENOMONEE FALLS. WI 53051 US

FEI Number: 83-2189733 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS SOLUTIONS, INC. 155 OFFICE PLAZA DR STE A TALLAHASSEE, FL 32301 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 Title

KASTEN, CRAIG R Name Name BERRYMAN, STEVEN W140N8981 LILLY RD Address W140N8981 LILLY RD Address

City-State-Zip: MENOMONEE FALLS WI 53051 MENOMONEE FALLS WI 53051 City-State-Zip:

Title CFO

PURKO, JAMES Name

Address W140N8981 LILLY RD

City-State-Zip: MENOMONEE FALLS WI 53051

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.

**CFO** SIGNATURE: JAMES PURKO

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

04/20/2021 Date