

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009418

**Entity Name:** SKYGEN SE, LLC

**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  
Name KASTEN, CRAIG R  
Address W140N8981 LILLY RD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CEO  
Name BERRYMAN, STEVEN  
Address W140N8981 LILLY RD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CFO  
Name PURKO, JAMES  
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.*

**SIGNATURE:** JAMES PURKO

CFO

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date