

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000014009

Entity Name: SKYWAY ASSOCIATES, LLC

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

315 TARPON STREET  
ANNA MARIA, FL 34216

## **New Principal Place of Business:**

315 TARPON STREET  
# 2186  
ANNA MARIA, FL 34216

## **Current Mailing Address:**

PO BOX 1669  
ANNA MARIA, FL 34216

## **New Mailing Address:**

FEI Number: 61-1447979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CANGER, GIOVANNA C  
315 TARPON STREET  
# 2186  
ORLANDO, FL 34216 US

## **Name and Address of New Registered Agent:**

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: GIOVANNA C CANGER

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CANGER, JONATHAN M  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM  
Name: CANGER, GIOVANNA C  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JONATHAN M CANGER

MGRM

03/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date