

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095711

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SKYLINE IMPACT SOLUTIONS, LLC

**Current Principal Place of Business:**

5933 RAVENSWOOD ROAD  
DANIA BEACH, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5862 WEST 25TH COURT  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 27-1064407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHLICHTE, MATTHEW J  
2134 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HERRERA, ROBERT  
**Address:** 4008 GARFIELD STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** MGR  
**Name:** MOBERG, DANIEL L  
**Address:** 12345 N.W. 11TH STREET  
**City-St-Zip:** PLANTATION, FL 33323

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:** DANIEL MOBERG

MGR

04/29/2011

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