

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000113289

Entity Name: SKYLER FOR CONNECT, LLC

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

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

6009 LEGENDS ESTATES DR  
TAMPA, FL 33614

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

4229 E YUKON, TAMPA, FL 33617  
TAMPA, FL 33614

## **Current Mailing Address:**

6009 LEGENDS ESTATES DR  
TAMPA, FL 33614

## **New Mailing Address:**

4229 E YUKON, TAMPA, FL 33617  
TAMPA, FL 33614

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JAVIER, EYIRY R SR.  
6009 LEGENDS ESTATES DR  
TAMPA, FL 33614 US

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

JAVIER, EYIRY R SR.  
4229 E YUKON, TAMPA, FL 33617  
TAMPA, FL 33614 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: EYIRY JAVIER

10/03/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JAVIER, EYIRY R SR  
Address: 4229 E YUKON, TAMPA, FL 33617  
City-St-Zip: TAMPA, FL 33614

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: EYIRY JAVIER

MR

10/03/2011

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