

L19000131444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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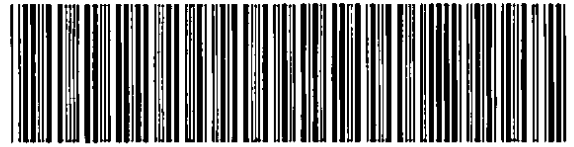
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYWORKS RESEARCH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Kochik

Name of Person

SKYWORKS RESEARCH LLC / SKYLINE BIOTECH LLC

Firm/Company

4754 SE Bollard Ave

Address

Stuart, FL 34997

City/State and Zip Code

scott.kochik@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Kochik

772

321-1857

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SKYWORKS RESEARCH LLC

The Articles of Organization for this Limited Liability Company were filed on 15 May 2019 and assigned Florida document number L19000131444.

SKYLINE BIOTECH LLC

4754 SE Bollard Ave

Stuart, FL 34997

4754 SE Bollard Ave

Stuart, FL 34997

Scott Kochik

4754 SE Bollard Ave

Stuart

Florida 34997

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05 July, 2019

82K
Signature of a member or authorized representative of a member

Typed or printed name of signee