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FILED
JUN 18 AM 10:10
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

VW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY CDM LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HERNAN SUAREZ

Name of Person

SKYLINE PSR LLC

Firm/Company

1000 QUAYSIDE TER AP 1607

Address

MIAMI SHORES, FLORID, 33138

City/State and Zip Code

hernansuarezr@hotmail.com

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

For further information concerning this matter, please call:

HERNAN SUAREZ

786-9553721

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SKY CDM LLC

2. (a) 1000 QUAYSIDE TER AP 1607
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 05/05/2021 Date of filing/registration in Florida

4. L21000196485 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SUAREZ HERNAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1100 BRICKELL BAT DR, # 310747
MAIMI, FL 33231

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

HERNAN SUAREZ

NEW Registered Office Address:
1000 QUAYSIDE TER AP 1607
MIAMI SHORES, FL 33138

FILED
JUN - 8 AM 3:30

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

HERNAN SUAREZ
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent