L23000 701812

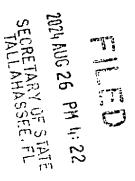
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



900433237909

07/18/24--01025--005 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2024

~~ J 6 2024

ARTHUR LOEFFLER 9 CADDY COURT BUNNELL, FL 32110

SUBJECT: SKYLINE ENERGY GROUP LLC

Ref. Number: L23000201812

We have received your document for SKYLINE ENERGY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 124A00016620

COVER LETTER

Division of Corporations	
Skyline Energy Group LLC SUBJECT:	
Name o	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 n	matter to the following:
Arthur Loeffler	
Name of Person	
Loeffler CPA PA	22. 22.
Firm/Company	ECR TAL
9 Caddy Court	2024 AUG 26 PH 4: 22 SECRETARY OF STATE TALLAHASSEE, FL
Address	ASS PH
Punnell, Fl 32110	# 25 F
City/State and Zip Code	- TE 12
alocffler@loefflercpa.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pl	lease call:
Arthur Loeffler	516 383-1045 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 a	amount:
\$25 Filling 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.

١.	Na	ame of the limited liability company: Skyline Energy Circ	oup LL	C 		1	
2	(a)	9 Caddy Court	9 Caddy Court				
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Bunnell, Fl 32110		Bunnell, F13	32110		
		04/24/2023	_	1.2300020181.	2		
3.		Date of filing/registration in Florida	4.	[]	ocument numb	ber	
5.	(a)	Loeffler, Arthur					
		Registered Agent and Registered Office shown on the records of th	ie Florid	a Dept. of State:			
		30 Casa Bella Circle				. ~	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SEC TO	
		Unit 1001				ALE ME	
		Palm Coast, FL_	32137			26	
	(b)	Loeffler, Arthur				THE LETTER OF STATE SECRETARY OF STATE	
	(")	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	ldress:		:22 FL	
		9 Caddy Court					
		NEW Registered Office Address:					
		Bunnell FL 3	32110				
ch ag wa	ange ent y is/xve	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill-be identical. Or, in the case of a Florida limited liabere authorized by an aftirmative vote of the members of cless of organization or the operating agreement of the li	egister oility co the lin imited	ed office and tompany, it is horited liability of	the business of nereby confirm- company or as	fice of the registered ed that the change(s)	
	Signal	ture of a member of authorized representative of a member			rinted or typed na	ame of signee	
pri the to	ovisi e obl mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po igations of my position as registered agent as provided p ely reflect a change in the registered office address. I he d in writing of this change.	e to act erform for in C reby c	in this capac ance of my du Thapter 605, I onfirm that the	ity. I further a ties, and I am) F.S. Or, if this e limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been	