

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008871

Entity Name: STL-SKYES THE LIMIT, INC.**Current Principal Place of Business:**2338 LOOKING GLASS LN
JACKSONVILLE, FL 32210**Current Mailing Address:**2338 LOOKING GLASS LN
JACKSONVILLE, FL 32210 US**FEI Number:** 84-2676264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, D'ARCHA A
2338 LOOKING GLASS LN
JACKSONVILLE, FL 32210 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-----------------------|
| Title | P |
| Name | BENNETT, D'ARCHA A |
| Address | 2338 LOOKING GLASS LN |
| City-State-Zip: | JACKSONVILLE FL 32210 |

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|-----------------|-----------------------------|
| Title | TREASURER |
| Name | RIVERS, JAKELA |
| Address | 9838 OLD BAYMEADOWS RD #104 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|-----------------|-----------------------|
| Title | ASST. SECRETARY |
| Name | HANNANS, RENATA |
| Address | 3204 ALTAMONT AVE E |
| City-State-Zip: | JACKSONVILLE FL 32208 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | FLOWERS, NIKENYA |
| Address | 661 CHERRY GROVE RD |
| City-State-Zip: | ORANGE PARK FL 32073 |

| | |
|-----------------|-------------------------------|
| Title | EXECUTIVE SECRETARY |
| Name | STANLEY, BROOKE |
| Address | 2241 S STATE HWY 121 #1122 |
| City-State-Zip: | LEWISVILLE TX 75067 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D'ARCHA BENNETT**PRESIDENT****02/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date