

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140866

Entity Name: SKYLINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1454 N.W 17 AVENUE
SUITE 201
MIAMI, FL 33125

Current Mailing Address:

643 SW 7 COURT
MIAMI, FL 33130 US

FEI Number: 83-0445061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTOYA, LILIANA
643 SW 7 COURT
MIAMI, FL 33130 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	PRESIDENT	Title	VICEPRESIDENT
Name	MONTOYA, LILIANA	Name	LOPEZ, MARIA B
Address	643 SW 7 COURT	Address	643 SW 7 COURT
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

Title	SECRETARY
Name	MONTOYA, FABIOLA
Address	643 SW 7 COURT
City-State-Zip:	MIAMI FL 33130

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILIANA MONTOYA

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date