

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140866

Entity Name: SKYLINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

645 SW 7 COURT
MIAMI, FL 33130

Current Mailing Address:

645 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
645 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 P
Name MONTOYA, LILIANA
Address 645 SW 7 COURT
City-State-Zip: MIAMI FL 33130

Title VP
Name MONTOYA, FABIOLA
Address 645 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

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date