

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000082290

**Entity Name:** SKY INSURANCE LS CORP

**Current Principal Place of Business:**

8249 NW 36TH ST  
111  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36TH ST  
111  
DORAL, FL 33166 US

**FEI Number:** 87-2749221

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUAREZ PENA, LISMELI I  
8249 NW 36TH ST  
111  
DORAL, FL 33166 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 SUAREZ PENA, LISMELI I  
Address 3371 WEST 10TH AVE APT 204  
City-State-Zip: HIALEAH FL 33012

*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:** SUAREZ PENA LISMELI I

**PRESIDENT**

**04/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date