

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091896

**Entity Name:** SKYLINE 2605, LLC

**Current Principal Place of Business:**

10900 NW 21 STREET  
SUITE 240  
CORAL GABLES, FL 33172

**Current Mailing Address:**

10900 NW 21 STREET  
SUITE 240  
CORAL GABLES, FL 33172 US

**FEI Number:** 61-1678120

**Certificate of Status Desired:** No

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

GUANACHI MANAGEMENT COMPANY LLC  
10900 NW 21 STREET  
SUITE 240  
CORAL GABLES, FL 33172 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

**Authorized Person(s) Detail :**

Title MGR  
Name GUANACHI MANAGEMENT COMPANY  
LLC  
Address 10900 NW 21 STREET  
SUITE 240  
City-State-Zip: CORAL GABLES FL 33172

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUANACHI MANAGEMENT COMPANY LLC

MGR

01/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date