

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137673

**Entity Name:** SKY VISION STUDIOS LLC

**Current Principal Place of Business:**

7050 WEST PALMETTO PARK RD  
STE 15-177  
BOCA RATON, FL 33433

**Current Mailing Address:**

7050 WEST PALMETTO PARK RD  
STE 15-177  
BOCA RATON, FL 33433 US

**FEI Number:** 47-1818501

**Certificate of Status Desired:** No

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

KOBRIN, STEVEN  
7050 WEST PALMETTO PARK RD  
STE 15-177  
BOCA RATON, FL 33433 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 AP  
Name KOBRIN, STEVEN  
Address 7050 WEST PALMETTO PARK RD STE  
15-177  
City-State-Zip: BOCA RATON FL 33433

Title AP  
Name GOSIS, MIKHAIL  
Address 7050 WEST PALMETTO PARK RD STE  
15-177  
City-State-Zip: BOCA RATON FL 33433

*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:** STEVEN KOBRIN

**MANAGER**

**03/03/2016**

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

\_\_\_\_\_  
Date