

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000104022

Entity Name: MIAMI SKYLINE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

7525 SW 163 ST
MIAMI, FL 33157

Current Mailing Address:

PO BOX 330852
MIAMI, FL 33233

FEI Number: 81-4092771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, ALLISON
7525 SW 163 ST
MIAMI, FL 33157 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 SMITH, ALLISON
Address PO BOX 330852
City-State-Zip: MIAMI FL 33233

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: ALLISON SMITH

MGR

04/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date