

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000146586

Entity Name: SKYLIGHT STAFFING LLC

Current Principal Place of Business:

618 US HWY 1 SUITE 305
NORTH PALM BEACH, FL 33408

Current Mailing Address:

618 US HWY 1 SUITE 305
NORTH PALM BEACH, FL 33408 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAVERY, CHRISTOPHER
618 US HWY 1 SUITE 305
NORTH PALM BEACH, FL 33408 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 AMBR
Name SAVERY, CHRISTOPHER
Address 618 US HWY 1 SUITE 305
City-State-Zip: NORTH PALM BEACH FL 33408

Title AMBR
Name RHODY, WILLIAM
Address 618 US HWY 1 SUITE 305
City-State-Zip: NORTH PALM BEACH FL 33408

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: CHRISTOPHER SAVERY

PRESIDENT

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date