

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000205170

Entity Name: SKY FULFILLMENT, LLC

Current Principal Place of Business:

7845 W 2ND COURT UNIT #3
HIALEAH, FL 33014

Current Mailing Address:

7845 W 2ND COURT UNIT #3
HIALEAH, FL 33014 US

FEI Number: 81-4383094

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAPLANTE, ANAKAREN MARIE
3760 SW 8TH ST
FT LAUDERDALE, FL 33312 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: ANAKAREN MARIE LAPLANTE

04/24/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LAPLANTE, ANAKAREN
Address 3760 SW 8TH ST.
City-State-Zip: FT. LAUDERDALE FL 33312

Title AMBR
Name LAPLANTE, SYLVINSKY
Address 3760 SW 8TH ST.
City-State-Zip: FT. LAUDERDALE 33312

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: ANAKAREN LAPLANTE

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date