## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000117838

**Entity Name: SKYFIX SERVICE LLC** 

**Current Principal Place of Business:** 

4841 WALDEN CR ORLANDO, FL 32811

**Current Mailing Address:** 

4841 WALDEN CR ORLANDO, FL 32811 US

FEI Number: 38-4038664 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSTA, MAURICIO 4841 WALDEN CR ORLANDO, FL 32811 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.

Address

SIGNATURE:

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 07, 2019

**Secretary of State** 

7104173967CC

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

COSTA, MAURICIO Name DA SILVA, ROSANGELA Name

4841 WALDEN CR 4841 WALDEN CR

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

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: COSTA, MAURICIO

Electronic Signature of Signing Authorized Person(s) Detail

MR

04/07/2019 Date