

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259610

**Entity Name:** S.K.N. HOLDING GROUP L.L.C

**Current Principal Place of Business:**

9906 SW 44TH AVE  
OCALA, FL 34476

**Current Mailing Address:**

P.O. BOX 771781  
OCALA, FL 34471--17 81

**FEI Number:** 82-3770952

**Certificate of Status Desired:** No

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

NISBETT, STUART E SR  
9906 SW 44TH AVE  
OCALA, FL 34476 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 NISBETT, STUART E SR  
Address P.O. BOX 771781  
City-State-Zip: Ocala FL 34471--17

Title AMBR  
Name NISBETT, KIM  
Address 9906 SW 44TH AVE  
City-State-Zip: Ocala FL 34476

Title AMBR  
Name IRVING, KIMBERLY S  
Address 572 FAIRWAYS LN  
N202  
City-State-Zip: Ocala FL 34472

Title AMBR  
Name NISBETT, STUART E JR  
Address 933 LINCOLN PLACE  
City-State-Zip: BROOKLYN NY 11213

Title AMBR  
Name NISBETT, DANIEL  
Address 933 LINCOLN PLACE  
City-State-Zip: BROOKLYN NY 11213

*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:** STUART E. NISBETT SR

**MGR**

**03/07/2021**

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

\_\_\_\_\_  
Date