

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000167031

**Entity Name:** SKY INSURANCE PARTNERS, LLC

**Current Principal Place of Business:**

3200 N UNIVERSITY DR  
SUITE 201  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3200 N UNIVERSITY DR  
SUITE 201  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 83-1214072

**Certificate of Status Desired:** No

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

PALTEROVICH, MARK  
3200 N UNIVERSITY DR  
SUITE 201  
CORAL SPRINGS, FL 33065 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:** MARK PALTEROVICH

02/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LLANES, SAMUEL  
Address 11330 NW 68TH CT.  
City-State-Zip: PARKLAND FL 33076

Title MGR  
Name PALTEROVICH, MARK  
Address 3029 NE 188TH STREET 1107  
City-State-Zip: AVENTURA FL 33180

*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:** SAMUEL LLANES

MANAGER

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date