

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000167031

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

**Current Principal Place of Business:**

3200 N UNIVERSITY DR  
SUITE 207  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3200 N UNIVERSITY DR  
SUITE 207  
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 207  
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

01/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LLANES, SAMUEL	Name	PALTEROVICH, MARK
Address	11330 NW 68TH CT.	Address	851 NE 1ST AVE
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	MIAMI FL 33132

*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

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date