

2022 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

03/21/2022

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

MGR

03/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date