

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000229326

**Entity Name:** SKYCON GROUP, LLC

**Current Principal Place of Business:**

1800 SW 1ST STREET  
SUITE 322  
MIAMI, FL 33135

**Current Mailing Address:**

1800 SW 1ST STREET  
SUITE 322  
MIAMI, FL 33135 US

**FEI Number:** 83-2105246

**Certificate of Status Desired:** No

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

PARENT, DOUGLAS R II  
2734 SW 36TH AVENUE  
MIAMI, FL 33133 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            AMBR  
Name            PARENT, DOUGLAS R II  
Address        2734 SW 36 AVE  
City-State-Zip: MIAMI FL 33133

*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:** DOUGLAS RAYMOND PARENT II

**PRESIDENT**

**02/15/2021**

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

\_\_\_\_\_  
Date