

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000188303

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**1128283952CC**

**Entity Name:** SKYVUE PARTNERS LLC

**Current Principal Place of Business:**

303 E. WOOLBRIGHT RD. #235  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

303 E. WOOLBRIGHT RD. #235  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 84-2662661

**Certificate of Status Desired:** No

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

STRAUB, KEITH  
303 E. WOOLBRIGHT RD. #235  
BOYNTON BEACH, FL 33435 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 STRAUB, KEITH  
Address 303 E. WOOLBRIGHT RD. #235  
City-State-Zip: BOYNTON BEACH FL 33435

Title AMBR  
Name STRAUB, HEATHER  
Address 303 E. WOOLBRIGHT RD. #235  
City-State-Zip: BOYNTON BEACH FL 33435

Title MGR  
Name STRAUB, HEATHER  
Address 303 E. WOOLBRIGHT RD. #235  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** KEITH STRAUB

AMBR

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date