

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000049840

Entity Name: SKYLANDER FAMILY LLC**Current Principal Place of Business:**1420 CELEBRATION BLVD
200
CELEBRATION, FL 34747**Current Mailing Address:**1420 CELEBRATION BLVD
200
CELEBRATION, FL 34747 US**FEI Number:** 61-1989078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGIT CONSULTING SERVICES, LLC
6735 CONROY WINDERMERE RD
233
ORLANDO, FL 32835 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	BELGINI, GELSON
Address	RUA MARIA FACCIN MASIERO, 250,CASA 23
City-State-Zip:	ITATIBA SP 13251--511
Title	AMBR
Name	BELGINI DE PALMA, FERNANDA
Address	RUA MARIA FACCIN MASIERO, 250,CASA 23
City-State-Zip:	ITATIBA SP 13251--511

Title	AMBR
Name	DE GODOY BELGINI, ROSEMEIRE A
Address	RUA MARIA FACCIN MASIERO, 250,CASA 23
City-State-Zip:	ITATIBA SP 13251--511
Title	AMBR
Name	BELGINI, LUIS FELIPE
Address	RUA MARIA FACCIN MASIERO, 250,CASA 23
City-State-Zip:	ITATIBA SP 13251--511

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: GELSON BELGINI

AMBR

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date