

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000342203

Entity Name: BLUE SKYVIEW LLC**Current Principal Place of Business:**1601-1 N MAIN ST #3159
JACKSONVILLE, FL 32206**Current Mailing Address:**1601-1 N MAIN ST #3159
JACKSONVILLE, FL 32206 US**FEI Number:** 87-1994381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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:** CHARLES KIOKO

04/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MWANGI, ALFRED
Address 666 CHELMSFORD LN
UNIT D
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title AMBR
Name SKC CAPITAL LLC
Address 850 HEATHER LANE
City-State-Zip: HOFFMAN ESTATES IL 60169

Title AMBR
Name DAVESAR LLC
Address 1533 W MOOSEHEART RD. N.
City-State-Zip: AURORA IL 60542

Title AMBR
Name KIMANZI, JOYCE
Address 877 SOUTH FORK DR.
City-State-Zip: EASTON PA 18040

Title AMBR
Name LESDAN INC
Address 1533 W MOOSEHEART RD N
City-State-Zip: AURORA IL 60542

Title AMBR
Name BENSOW LLC
Address P.O.BOX 258
City-State-Zip: TATAMY PA 18085

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: CHARLES KIOKO

MANAGER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date