

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000350431

**Entity Name:** SKYLINER CLASSICS LLC

**Current Principal Place of Business:**

777 RIVERSIDE DR  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

777 RIVERSIDE DR  
ORMOND BEACH, FL 32176 US

**FEI Number:** 45-5028283

**Certificate of Status Desired:** No

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

SECOSKY, CHRISTOPHER L  
777 RIVERSIDE DR  
ORMOND BEACH, FL 32176 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 MGR  
Name SECOSKY, CHRISTOPHER L  
Address 777 RIVERSIDE DR  
City-State-Zip: ORMOND BEACH FL 32176

*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:** CHRISTOPHER SECOSKY

MR

04/24/2023

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

\_\_\_\_\_ Date