

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000352827

Entity Name: SKYWIND SOLUTIONS, LLC**Current Principal Place of Business:**6430 POLLY LANE
LAKELAND, FL 33813**Current Mailing Address:**6430 POLLY LANE
LAKELAND, FL 33813 US**FEI Number:** 88-3762684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID, RYGLICKI R DR.
6430 POLLY LANE
LAKELAND, FL 33813 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	RYGLICKI, DAVID R DR.
Address	6430 POLLY LANE
City-State-Zip:	LAKELAND FL 33813
Title	MGR
Name	SCHNEIDER, BONNIE
Address	5400 BROKEN SOUND BLVD. NW 421
City-State-Zip:	BOCA RATON FL 33487
Title	MAR
Name	TURNER, MATTHEW
Address	5084 VICTOR COURT
City-State-Zip:	MISSOULA MT 59803

Title	MGR
Name	VINER, KEVIN C DR.
Address	5310 SMITHS COVE LANE
City-State-Zip:	GREENBELT MD 20770
Title	MAR
Name	HODYSS, DANIEL
Address	10128 RED SPRUCE ROAD
City-State-Zip:	FAIRFAX VA 22032
Title	MAR
Name	RAINWATER, GREGORY
Address	210 NORTH ECTOR DRIVE P.O. BOX 895
City-State-Zip:	EULESS TX 76039

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: DAVID RYGLICKI**MGR****04/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date