

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008524

Entity Name: BLUE SKY TOWERS, LLC**Current Principal Place of Business:**352 PARK STREET, SUITE 106
NORTH READING, MA 01864**Current Mailing Address:**352 PARK STREET, SUITE 106
NORTH READING, MA 01864 US**FEI Number:** 35-2496566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MEMBER
Name	LEPENE, RYAN D.
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

Title	MEMBER
Name	REMILLARD, TOM
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

Title	MEMBER
Name	RECH, JAMES
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

Title	MEMBER
Name	MANDEL, F. HOWARD
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

Title	MEMBER
Name	MILIUS, JEFFREY J.
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

Title	AUTHORIZED PERSON
Name	RECH, JIM
Address	352 PARK STREET, SUITE 106
City-State-Zip:	NORTH READING MA 01864

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: TOM REMILLARD

MEMBER

01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date