## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000000012

Entity Name: SKY TEAM PLUS, LLC

**Current Principal Place of Business:** 

6001 ARGYLE FOREST BLVD

STE. 21-324

JACKSONVILLE, FL 32244

## **Current Mailing Address:**

6001 ARGYLE FOREST BLVD STE. 21-324 JACKSONVILLE, FL 32244 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VIVAMAX LLLP 6001 ARGYLE FOREST BLVD STE. 21-324 JACKSONVILLE, FL 32244 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: EMELINA CRETONE 04/02/2019

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

VIVAMAX LLLP Name

6001 ARGYLE FOREST BLVD Address

STE. 21-324

City-State-Zip: JACKSONVILLE FL 32244

SIGNATURE: EMELINA CRETONE

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.

AP

Electronic Signature of Signing Authorized Person(s) Detail

04/02/2019

Date

**FILED** Apr 02, 2019

**Secretary of State** 

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