

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600000012

**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

06/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VIVAMAX LLLP  
Address 6001 ARGYLE FOREST BLVD  
STE. 21-324  
City-State-Zip: JACKSONVILLE FL 32244

*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:** EMELINA CRETONE

AP

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date