

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000036587

**Entity Name:** MULTISKILLS, LLC

**Current Principal Place of Business:**

10153 NW 46TH STR  
SUNRISE, FL 33351

**Current Mailing Address:**

10153 NW 46TH STR  
SUNRISE, FL 33351 US

**FEI Number:** 32-0518976

**Certificate of Status Desired:** No

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

KAIDASH, SERGII  
10153 NW 46TH STR  
SUNRISE, FL 33351 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 MGRM  
Name KAIDASH, SERGII  
Address 8506 NW 38TH STR  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** SERGII KAIDASH

MGRM

04/25/2019

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

\_\_\_\_\_  
Date