

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000494802

**Entity Name:** SKYLIGHT4U LLC

**Current Principal Place of Business:**

4351 GULF SHORE BLVD N  
UNIT 14S  
NAPLES, FL 34103

**Current Mailing Address:**

4351 GULF SHORE BLVD N  
UNIT 14S  
NAPLES, FL 34103 US

**FEI Number:** 92-1290914

**Certificate of Status Desired:** Yes

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

BRUCE EVANS  
4351 GULF SHORE BLVD N  
UNIT 14S  
NAPLES, FL 34103 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            AMBR  
Name            BRUCE EVANS  
Address        4351 GULF SHORE BLVD N, UNIT 14S  
  
City-State-Zip:    NAPLES FL 34103

*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:** BRUCE EVANS

**MEMBER**

**09/15/2023**

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

\_\_\_\_\_  
Date