2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028717

1. Entity Name
SILBERMAN INSURANCE AND FINANCIAL SERVICES PLLC

Principal Place of Business
4809 NW 36TH PLACE
GAINESVILLE, FL 32606-5996

Mailing Address
4809 NW 36TH PLACE
GAINESVILLE, FL 32606-5996

08232004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
02-0652762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERMAN, DONALD L
4809 NW 36TH PLACE
GAINESVILLE, FL 32606-5996

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

U00000170843
08/25/04-80002-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	SILBERMAN, DONALD L
STREET ADDRESS	4809 NW 36TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 326065996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Donald L Silberman Aug 23, 2004 352-374-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #