

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028717

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** SILBERMAN INSURANCE AND FINANCIAL SERVICES PLLC

**Current Principal Place of Business:**

815 NORTHWEST 23RD AVENUE  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 NORTHWEST 23RD AVENUE  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number:** 02-0652762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SILBERMAN, DONALD L  
4809 NW 36TH PLACE  
GAINESVILLE, FL 326065996 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: SILBERMAN, DONALD L  
Address: 4809 NW 36TH PLACE  
City-St-Zip: GAINESVILLE, FL 326065996

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DONALD L. SILBERMAN

PRES

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date