


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90119 042 \*\*\*143.75

DOCUMENT # L06000055732 1. Entity Name SILVERGIRL DESIGNS, LLC	
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Principal Place of Business 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912	Mailing Address 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912
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**30006443**



05122008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

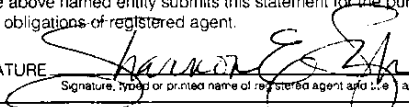
4. FEI Number 20-5054425	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SYKES, SHANNON E  
 13525 EAGLE RIDGE DRIVE NO. 611  
 FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating)

DATE 4.13.08

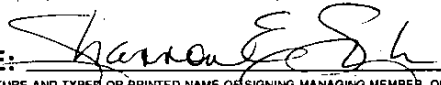
**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYKES, SHANNON E 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE)


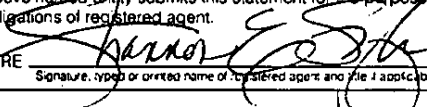
Date 5/12/08 Daytime Phone # 2397680104

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

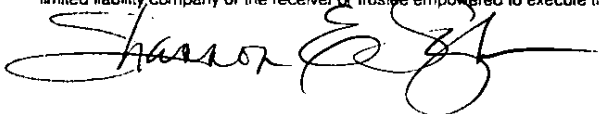
4/16/2008-90119-042-\$143.75-\$143.75

## ATTACHMENT

30006443

<b>DOCUMENT # L06000055732</b> 1. Entity Name SILVERGIRL DESIGNS, LLC					
Principal Place of Business 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912			Mailing Address 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-5054425	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
SYKES, SHANNON E 13525 EAGLE RIDGE DRIVE NO. 611 FORT MYERS, FL 33912				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 4.13.08	
Signature, typed or printed name of registered agent and file if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, SHANNON E			NAME	
STREET ADDRESS	13525 EAGLE RIDGE DRIVE NO. 611			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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5/12/08

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