

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031269

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** SILVERSPoon YACHTS, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 530  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 530  
CORAL GABLES, FL 33134

**New Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134

**FEI Number:** 26-2276820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, BRENDA  
2121 PONCE DE LEON BLVD., SUITE 530  
CORAL GABLES, FL 33134 US

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

CASTRO, BRENDA  
2121 PONCE DE LEON BLVD.  
SUITE 530  
CORAL GABLES, FL 33134 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: BRENDA CASTRO

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAUFF, BRANDON  
Address: 2121 PONCE DE LEON BLVD., SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: CAUFF, JONATHAN  
Address: 2121 PONCE DE LEON BLVD., SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: JONATHAN CAUFF

MGR

03/29/2010

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