

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040634

Entity Name: SLADE, LLC

Current Principal Place of Business:

1563 HARVEST COVE DR.
MIDDLEBURG, FL 32068

Current Mailing Address:

1563 HARVEST COVE DR.
MIDDLEBURG, FL 32068 US

FEI Number: 27-2338076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLADE, DAX
1563 HARVEST COVE DR.
MIDDLEBURG, FL 32068 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 MGR
Name SLADE, DAX
Address 1563 HARVEST COVE DR.
City-State-Zip: MIDDLEBURG FL 32068

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAX SLADE

MANAGER

02/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date