

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000067

1. Entity Name
SILK & SABLE, LLC

Principal Place of Business
3947 TAMPICO DRIVE
SARASOTA FL 34235

Mailing Address
3947 TAMPICO DRIVE
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972658 (EJN#)

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, JOHN E
677 NORTH WASHINGTON BOULEVARD SUITE 1-A
SARASOTA FL 34236

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003893341--1
--03/22/01--01100--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE CHIEF EXECUTIVE OFFICER ☐ Delete
NAME Peter WRIGHT
STREET ADDRESS 3947 TAMPICO DR.
CITY-ST-ZIP SARASOTA, FL 34235

TITLE BUSINESS MANAGER ☐ Delete
NAME Vicki WRIGHT
STREET ADDRESS 3947 TAMPICO DRIVE
CITY-ST-ZIP SARASOTA, FL 34235

TITLE SECRETARY ☐ Delete
NAME DAWN WARSING
STREET ADDRESS 24810 77th AVE. E.
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE TREASURER ☐ Delete
NAME LISA WEDIN
STREET ADDRESS 1900 LENA LANE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-2-01

(941) 351-2041

CR2E083 (11/00)

0028394 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 1:37



DO NOT WRITE IN THIS SPACE