

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000000067**

1. Entity Name  
**SILK & SABLE, LLC**



Principal Place of Business  
**1165 FOX CREEK DRIVE  
SARASOTA, FL 34240**

Mailing Address  
**1165 FOX CREEK DRIVE  
SARASOTA, FL 34240**

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**65-0972658**

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**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, PETER 1165 FOX CREEK DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRACUP, JACKIE 2203 45TH STREET COURT EAST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMPSON, DIANE 810 LENA LANE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, VICKI 1165 FOX CREEK DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRACUP, JACKIE 2203 45TH STREET COURT EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000816064  
02/14/08-80034-011 138.75

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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 the 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

**1/29/08**

Date

**941-518-7983**

Daytime Phone #