## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000067

1. Entity Name

SILK & SABLE, LLC



FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90043 023 \*\*\*\*50.00

Country   Country   Country   Country   S. Certificate of Status Desired   See Paquitod   See	-			•								
Sulfo. Aptl. #, etc.   City 4. State   City 4. State   City 4. State   City 5. State   City 5. State   City 5. State   City 6. Certificate of Status Desired   St. On Additional File Plaquistes   City 6. Certificate of Status Desired   St. On Additional File Plaquistes   City 6. Name and Address of Current Registered Agent   T. Name and Address of New R	3947 TAMPICO	DRIVE		3947 TAMPICO DRIVE	<del></del>	,						
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  S. S. O. Additional  For North Washington  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named certly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent are time applicable.  SIGNATURE  Toylouse, lyned or printed registered agent are time applicable.  FILE NOW!II FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS /MANAGERS  Time  WRIGHT, PETER  3947 TAMPICO DR  STREET ADDRESS  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34235  CITY 51-2P  TITLE  WARK  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  DELETE TADRESS  CITY 51-2P  TITLE  TO COMPART ADDRESS  CITY	2. Principal P	ace of Busines	<u> </u>	3. Mailing Address	<del></del>	. <del>-</del>	-					
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  S. S. O. Additional  For North Washington  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named certly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent are time applicable.  SIGNATURE  Toylouse, lyned or printed registered agent are time applicable.  FILE NOW!II FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS /MANAGERS  Time  WRIGHT, PETER  3947 TAMPICO DR  STREET ADDRESS  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34235  CITY 51-2P  TITLE  WARK  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  WARKSING, DAWN  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  Delete  TITLE  MARK  STREET ADDRESS  CITY 51-2P  SARASOTA FL 34240  DELETE TADRESS  CITY 51-2P  TITLE  TO COMPART ADDRESS  CITY	Suito Ant	# otc		Suito Apt # oto			_					
Size   Address of Country   Zip   Country   Size   Coun	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES		
S. Centrocate of Saturus Desired   Fee Required  Fee Required  T. Name and Address of New Registered Agent  NAPOLITANO, JOHN E 677 NORTH WASHINGTON BOULEVARD SUITE 1-A SARASOTA FL 34236  CAy  FL  Zip Code  S. 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 according to the political or registered agent.  SignATURE  SignATURE  SignALine, toerd or printed rarge of registered agent.  SignATURE  SignALine, toerd or printed rarge of registered agent.  SignATURE  SignALine, toerd or printed rarge of registered agent.  FEILE NOW!!! FEE IS \$5.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  S. ADDITIONS/CHANGES  SIGNATINE  WRIGHT, PETER  MAKE  WRIGHT, VICKI  SIRET ADDRESS  SI	City & State	e		City & State		4. FEI Num	ber 65-097265	8	<u> </u>	oplied For ot Applicable		
NAPOLITANO, JOHN E 677 NORTH WASHINGTON BOULEVARD SUITE 1-A SARASOTA FL 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent ag	Zip	,	Country	Zip	Zip Country .							
NAPOLITANO, JOHN E 677 NORTH WASHINGTON BOULEVARD SUITE 1-A SARASOTA FL 34238  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and acct the obligations of registered agent.    City   FL   Zip Code		6. Name an	d Address of Current	Registered Agent	1	1	7. Name an	d Address of New R	egistered A	gent		
STREET ADDRESS CITY-ST-ZPP  SARASOTA FL 34235  STREET ADDRESS CITY-ST-ZPP  SARASOTA FL 34236  STREET ADDRESS CITY-ST-ZPP  SARASOTA FL 34236  STREET ADDRESS CITY-ST-ZPP  STREET ADDRESS CI	- 1140	OLITANO IO	(Merchanis		~ ~	Name						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent.  SIGNATURE    Signature, typed or prined name of registered agent and time if applicable. (NOTE: Registered Agent agenture required when reinstating). DATE    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Florida Department of State	677	<b>NORTH WAS</b>	HINGTON BOULEVA	ARD SUITE 1-A		Street Address	(P.O. Box Numl	per is Not Acceptable	)			
8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent.    Signature   Signat						City	<del></del>		FL	Zip Cod		
SIGNATURE    Signature, typeed or printed name of registered agent and tion if application. PLOTE Registered Agent signature required when reinstating)   DATE				or the purpose of changing it	s register	L ed office or registe	ered agent, or b	oth, in the State of Flo		miliar with,	and accept	
Signature, typed or primad name of registand agent and till it applicable.   FILE NOW!!! FEE IS \$50.00   Substitution   File Now!! Fee Is Now!! FEE IS \$50.00   Substitution   File Now!! Fee Is Now!! FEE IS \$50.00   Substitution   File Now!! Fee Is Now!! FEE IS \$50.00   Substitution   File Now!! Fee Is Now!! FEE IS \$50.00   Substitution   File Now!! Fee Is Now!! Fee	Ŭ	ions of registere	d agent.						•			
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS	SIGNATURE _	Signature, typed or p	rinted name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)	<del></del>	DATE			
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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	11. I hereov c	ertify that the in	formation supplied with	h this filing does not qualify for	or the exe	mption stated in S	Section 119.07(3	(i), Florida Statutes. I	further certi	fy that the in	nformation	