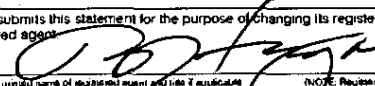
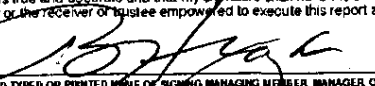


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003152		
1. Entity Name SILVERLEAF CONSULTING, LLC		
Principal Place of Business 824 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408		Mailing Address 824 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408
2. Principal Place of Business 206 LOCHMORE RD		3. Mailing Address PO Box 6513
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State N. PALM BEACH FL		City & State W. PALM BEACH FL
Zip 33407		Zip 33405
Country		Country
4. FEI Number		Applied For ☒ Not Applicable
5. Certificate of Status Deemed		☒ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
HUGHES, BRETT 824 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408		
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  DATE: 4-9-03		
SIGNATURE, typed or printed name of registered agent and title if applicable (Not for Registered Agent's signature displayed when registering)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, BRETT 824 US HWY 1, STE 200 N PALM BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	206 LOCHMORE RD W. PALM BEACH, FL 33407 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	500016698815 04/23/03--01012--022 **\$5.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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 606, Florida Statutes.		
SIGNATURE:  DATE: 4-9-03 561-373-1181		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2083 (10/02)