

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 044 ****50.00

DOCUMENT # L01000001777

1. Entity Name

Silverthorn Acquisition Group, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11036 Spring Hill Drive

3. Mailing Address
11036 Spring Hill Drive

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Spring Hill, FL

City & State
Spring Hill, FL

4. FEI Number 59-3700681

Applied For
Not Applicable

Zip
34608

Country
USA

Zip
34608

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Thomas S. Hogan, Jr.

Street Address (P.O. Box Number is Not Acceptable)
20 South Broad Street

City Brooksville FL 34601

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.

Thomas S. Hogan, Jr.

4/23/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE Member
NAME Furiosity, LC
STREET ADDRESS 11036 Spring Hill Drive
CITY - ST - ZIP Spring Hill, FL 34608

TITLE Manager
NAME James DeMaria
STREET ADDRESS 11036 Spring Hill Drive
CITY - ST - ZIP Spring Hill, FL 34608

TITLE Manager
NAME Thomas S. Hogan, Jr.
STREET ADDRESS 20 South Broad Street
CITY - ST - ZIP Brooksville, FL 34601

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas S. Hogan, Jr.

4/23/02 (352) 799-8423
Date Daytime Phone #

CR2E083B (12/01)