

FILED
05 JUN -1 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L01000004088			
1. Entity Name SILVERSTREAM SERVICES LLC			
Principal Place of Business 360 SOUTH SHORE DR SARASOTA, FL 34234 US		Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934	
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 NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		7. Name and Address of New Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUAL STREET City TALLAHASSEE FL Zip Code 32303	
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 <i>[Signature]</i>		DATE 6/1/05	
FILE NOW!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, RONALD N. FAMBIDGE, CHELMSFORD ANNESLEY HOUSE ESSEX, UNITED KINGDOM.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, SYLVIA G N. FAMBIDGE, CHELMSFORD ANNESLEY HOUSE ESSEX, UNITED KINGDOM.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(b), 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 charged to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		DATE: JUNE 01, 2005	

REINSTATEMENT 2005

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 06-01-05

NAME: SILVERSTREAM SERVICES LLC

TYPE OF FILING: REINSTATMENT

COST:

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA