

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

02 NOV 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011427

Name and Mailing Address

0006149 01 FP 0.352 **PRSR T9 0 0615 32259-908018

SILAS LIMITED LIABILITY COMPANY

1618 RAINCROW DR

JACKSONVILLE FL 32259-9080



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/13/2001

Principal Place of Business

1618 RAINCROW DR
JACKSONVILLE FL 32259

3. New Principal Place of Business Address

4686 Sunbeam Rd Ste 117

City, State, Zip

Jacksonville Florida 32257

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

RENNIE, ROBERT G
2715 TREEMONT ST
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

400008886404

11/27/02--01049--003 **100.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Robert G. Rennie

REGISTERED AGENT MUST SIGN

Date

11/06/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SILAS, JOHN W	1618 RAINCROW DRIVE	JACKSONVILLE FL 32259

REINSTATEMENT

TB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

John W. Silas

Date

11/6/02

Daytime Phone #

904 493-0700

Typed or printed name of signing Managing Member/Manager

4301