

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011427

1. Entity Name
SILAS LIMITED LIABILITY COMPANY



Principal Place of Business
**1618 RAINCROW DR
STE 117
JACKSONVILLE, FL 32259**

Mailing Address
**1618 RAINCROW DR
JACKSONVILLE, FL 32259**



08162004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
364516060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RENNIE, ROBERT G
4686 SUNBEAM RD., STE. 117
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

U000000170289
08/17/04-80001-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SILAS, JOHN W
1618 RAINCROW DRIVE
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #