

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

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90185 015 \*\*\*\*50.00

DOCUMENT # L01000022318

1. Entity Name

SILVERADO PARTNERS, LLC

**DO NOT WRITE IN THIS SPACE**

924931

2. Principal Place of Business

150 Second Avenue North

Suite, Apt. #, etc.

Suite 1100

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

3. Mailing Address

150 Second Avenue North

Suite, Apt. #, etc.

Suite 1100

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joel D. Bronstein

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

150 Second Avenue North

Suite 1100

City

St. Petersburg

FL

Zip Code

33701

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joel D. Bronstein 150 Second Avenue North, #1100 St. Petersburg, FL 33701
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CR2E083B (12/01)

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:



Joel D. Bronstein, Manager

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

Date

Daytime Phone #