

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

04-20-2004 90185 024 ****50.00

DOCUMENT # L03000019944

1. Entity Name
SILVER REALTY & MANAGEMENT, LLC



Principal Place of Business
**510 DOUGLAS AVENUE, SUITE 1023
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**510 DOUGLAS AVENUE, SUITE 1023
ALTAMONTE SPRINGS, FL 32714**

34005331



2. Principal Place of Business

3. Mailing Address

3175 Hyder Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Deltona, FL

4. FEI Number
13-4252855

Applied For
☐ Not Applicable

Zip

Country

Zip
32738

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVER, CARLA E
895 SOUTH WYMORE RD #1001
ALTAMONTE SPRINGS, FL 32714**

Name

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

3175 Hyder Ave.

City
Deltona

FL

Zip Code
32738

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004.**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Carla Silver
3175 Hyder Ave
Deltona, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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)(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: **Carla E Silver**

Carla E. Silver

4/15/04

407-718-3705

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

Date

Daytime Phone #