

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90100 008 \*\*\*\*55.00

**DOCUMENT # L04000005984**

1. Entity Name

**DARIN L. SILVERS MR. TRASH, LLC.**



Principal Place of Business

**3915 SIERRA MADRE DRIVE SOUTH  
JACKSONVILLE FL 32217  
US**

Mailing Address

**3915 SIERRA MADRE DRIVE SOUTH  
JACKSONVILLE FL 32217  
US**

**20011593**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

**MY Home**  
Suite, Apt. #, etc.

3. Mailing Address

**3915 Sierra madre dr. s**  
Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**81-0650716**

Applied For

Not Applicable

Zip

**32217**

Country

**Dugal**

Zip

**32217**

Country

**Dugal**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SILVERS, DARIN L  
3915 SIERRS MADRE DRIVE SOUTH  
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **Darin L. Silvers (MR. TRASH)**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SILVERS, DARIN L**  
STREET ADDRESS **3915 SIERRA MADRE DRIVE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: **Darin L. Silvers** **Darin L. Silvers** **2-10-05** **(904) 881-2956**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #