## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000014264 t. Entity Name SILVERWOODS ESTATES, LLC Principal Place of Business Mailing Address 420 EAST PINE AVENUE CRESTVIEW FL 32539 420 EAST PINE AVENUE CRESTVIEW FL 32539 2. Principal Place of Business 3. Mailing Address Sutte, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For FEI Number 20-2322201 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOPES, T. MARTIN Street Address (P.O. Box Number is Not Acceptable) 420 EAST PINE AVENUE **CRESTVIEW FL 32539** City 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. 1 am tamiliar with, and accept the obligations of redistered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Additi: KNOPES, T. MARTIN NAME NAME STRUCT ADDRESS 420 EAST PINE AVENUE STREET ADDRESS 11000000416611 113206-80022-CITY-ST-71P CRESTVIEW FL 32539 CITY-ST-778 150.M 33T3 F ☐ Delete TITLE Admini. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dolgte ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Add® TITLE ☐ Change MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-7iP ☐ Delete TITLE ☐ Change ET 8850 NAME MARK STREET ADDRESS STREET ADDRESS City-ST-ZIP DITY-ST-ZIP TITLE Detete BULE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-289 DITY-ST-2IP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 hability company or the receiver or true ge empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

**FILED** 

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