

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000072767

1. Entity Name
SILVER SHORES, LLC



Principal Place of Business

**21 PEARL COVE
DESTIN, FL 32550**

Mailing Address

**3112 RUNNYMEDE
LOUISVILLE, KY 40222**

DO NOT WRITE IN THIS SPACE



02172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1689786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIERMAN, CAROLYN S
6268 NW 92ND AVE
PARKLAND, FL 33067**

**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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHULTE, MARK J D.M.D.
3112 RUNNYMEDE
LOUISVILLE, KY 40222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHULTE, VIRGINIA S
3112 RUNNYMEDE
LOUISVILLE, KY 40222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/13/07-80034-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X Mark J. Schulte, DMD*

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

Feb. 27, 2007 (502)
Date Daytime Phone # *361-0637*