

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 025 ****50.00

DOCUMENT # L05000052634

1. Entity Name
SILJAX, L.L.C.



Principal Place of Business

4141 SOUTHPOINT DRIVE EAST STE B
JACKSONVILLE, FL 32216

Mailing Address

4141 SOUTHPOINT DRIVE EAST STE B
JACKSONVILLE, FL 32216



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2934427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERFIELD, GARY D
4141 SOUTHPOINT DRIVE EAST STE B
JACKSONVILLE, FL 32216

**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 ASPT
NAME SILVERFIELD, GARY D
STREET ADDRESS 4141 SOUTHPOINT DRIVE E., SUITE B
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPS
NAME BREEDING, HELEN
STREET ADDRESS 4141 SOUTHPOINT DR. E., SUITE B
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ASVP
NAME SILVERFIELD, LEED
STREET ADDRESS 4141 SOUTHPOINT DRIVE E., SUITE B
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ASVP
NAME CRANFORD, JAMES A
STREET ADDRESS 4141 SOUTHPOINT DRIVE E., SUITE B
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

Gary D. Silverfield

3/22/07

904-332-7099