

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001166

Entity Name: SILKCO, LLC

FILED
Mar 03, 2008
Secretary of State

Current Principal Place of Business:

3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 321326969 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1329
EDGEWATER, FL 321321329 US

New Mailing Address:

FEI Number: 42-1693624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, LARRY N
3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

MCCASKILL, LARRY N
3450 OLD DAWSON RANCH RD.
EDGEWATER, FL 32132 US

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.

SIGNATURE:

03/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCASKILL, LARRY N
Address: 3450 OLD DAWSON RANCH ROAD
City-St-Zip: EDGEWATER, FL 321326969 US

Title: SEC () Delete
Name: MCCASKILL, KATHLEEN M
Address: 3450 OLD DAWSON RANCH RD
City-St-Zip: EDGEWATER, FL 321326969 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCASKILL, LARRY N
Address: 3450 OLD DAWSON RANCH RD.
City-St-Zip: EDGEWATER, FL 321326969 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN MCCASKILL

SEC

03/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date