

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001166

Entity Name: SILKCO, LLC

FILED  
Jan 14, 2010  
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 RD.  
EDGEWATER, FL 32132 US

**Name and Address of New Registered Agent:**

MCCASKILL, KATHLEEN M  
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: KATHLEEN MCCASKILL

01/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCASKILL, KATHLEEN M  
Address: 909 RAVENDALE PL.  
City-St-Zip: CARY, NC 275134297 US

Title: SEC  
Name: MCCASKILL, KATHLEEN M  
Address: 909 RAVENDALE PL.  
City-St-Zip: CARY, NC 275134297 US

Title: TREA  
Name: MCCASKILL, KATHLEEN M  
Address: 909 RAVENDALE PL.  
City-St-Zip: CARY, NC 275134297 US

I hereby 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

MGRM

01/14/2010

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