

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001166

Entity Name: SILKCO, LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

3450 OLD DAWSON RANCH ROAD
EDGEWATER, FL 321326969 US

New Principal Place of Business:

3926 SUNSET COVE DR.
PORT ORANGE, FL 32129 US

Current Mailing Address:

PO BOX 1329
EDGEWATER, FL 321321329 US

New Mailing Address:

5889 S. WILLIAMSON BLVD.
SUITE 1415
PORT ORANGE, FL 32128 US

FEI Number: 42-1693624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, KATHLEEN M
3450 OLD DAWSON RANCH RD.
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

MCCASKILL, KATHLEEN M
3926 SUNSET COVE DR.
PORT ORANGE, FL 32129 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:

02/16/2011

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: MEMB
Name: MCCASKILL, MICHAEL S
Address: 3926 SUNSET COVE DR.
City-St-Zip: PORT ORANGE, FL 32129 US

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

Title: MEMB
Name: MCCASKILL, IAN K
Address: 1705 S. ATLANTIC AVE. #703
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

02/16/2011

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