

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000095213

1. Entity Name  
THE SILVER PEARL, LLC



Principal Place of Business  
2275 ATLANTIC BLVD., SUITE 100  
NEPTUNE BEACH, FL 32266

Mailing Address  
2275 ATLANTIC BLVD., SUITE 100  
NEPTUNE BEACH, FL 32266



05062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-5628457 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

SORRELL, MARY C  
2275 ATLANTIC BLVD., SUITE 100  
NEPTUNE BEACH, FL 32266

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited  
liability company did not receive the prior notice.

U000000949052  
06/03/08-80014-002 150.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | MGRM                       |
| NAME           | HIONIDES, CHRIS            |
| STREET ADDRESS | 2275 ATLANTIC BLVD STE 100 |
| CITY- ST- ZIP  | NEPTUNE BEACH, FL 32266    |
| TITLE          | MGRM                       |
| NAME           | CAMPBELL, ERIC             |
| STREET ADDRESS | 2275 ATLANTIC BLVD STE 100 |
| CITY- ST- ZIP  | NEPTUNE BEACH, FL 32266    |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |

**DO NOT WRITE  
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: *Chris Hionides*

904-241-150)  
5-6-08