2007 AMENDED

01-17-2008 90054 014 ****55.00
L06000102924

LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 NOV -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000102924

1. Entity Name
SILENTSLEDGE DEMOLITION LLC

Principal Place of Business	Mailing Address
3049 WOOD STREET SARASOTA, FL 34237 US	3049 WOOD STREET SARASOTA, FL 34237 US

10052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3532 BIRKY ST		P.O. Box 51884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA FL		City & State: SARASOTA FL	
Zip: 34237	Country: USA	Zip: 34232	Country: U.S.A

4. FEI Number: 20-5759685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONGSTAD, WADE O 3049 WOOD STREET SARASOTA, FL 34237	Name: ONGSTAD, WADE O Street Address (P.O. Box Number is Not Acceptable): 3532 BIRKY ST City: SARASOTA FL Zip Code: 34237

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONGSTAD, WADE O 3049 WOOD STREET SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONGSTAD, WADE O 3532 BIRKY ST SARASOTA FL 34237	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEMBER~~ MGRM ONGSTAD, RHAE ANN 3532 BIRKY ST SARASOTA FL 34237	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Wade Ongstad 10-5-07 941-780-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #