

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000051162

**FILED**  
**Dec 02, 2009**  
**Secretary of State**

**Entity Name:** SILVER LANE LLC

**Current Principal Place of Business:**

4114 SILVER LANE  
VALRICO, FL 33595 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1327  
VALRICO, FL 335951327

**New Mailing Address:**

PO BOX 1317  
VALRICO, FL 33595

**FEI Number:** 26-0174462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
STE. A-100  
TAMPA, FL 33612 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: DEBBIE SMITH

12/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WINTER, KENNETH  
Address: 4114 SILVER LANE  
City-St-Zip: VALRICO, FL 33595 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WINTER, KENNETH  
Address: PO BOX 1317  
City-St-Zip: VALRICO, FL 33595 US

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: KENNETH WINTER

MGRM

12/02/2009

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