

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90077 043 ***138.75

DOCUMENT # L07000060235

1. Entity Name
SILEST, LLC



Principal Place of Business
**300 S.E. 2ND STREET
C/O STILES CORP ATTN: PATRICIA JONES
FT. LAUDERDALE, FL 33301**

Mailing Address
**300 S.E. 2ND STREET
C/O STILES CORP ATTN: PATRICIA JONES
FT. LAUDERDALE, FL 33301**

60010979



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0341020

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

**JONES, PATRICIA
300 S.E. 2ND STREET
C/O STILES CORP ATTN: PATRICIA JONES
FT. LAUDERDALE, FL 33301**

Name
Robert Esposito

Street Address (P.O. Box Number is Not Acceptable)

Stiles Corporation

300 SE 2nd Street

City

Fort Lauderdale

FL

Zip Code
33301

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]

Robert Esposito

1/31/08

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
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
EGRET INVESTMENTS LIMITED PARTNERSHIP
300 S.E. 2ND STREET
FT. LAUDERDALE, FL 33301**

☐ Delete

TITLE
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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:

[Signature]

Terry W. Stiles

January 31, 2008

954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #