

L08000065671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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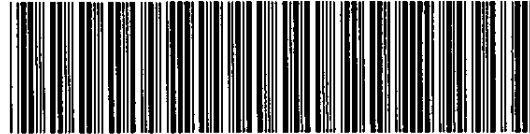
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sila Productions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Boeckle

\_\_\_\_\_  
Name of Person

Sila Productions, LLC

\_\_\_\_\_  
Firm/Company

8815 Conroy Windermere Road, Suite 536

\_\_\_\_\_  
Address

Orlando, Florida 32835

\_\_\_\_\_  
City/State and Zip Code

sboeckle@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Boeckle

407

617-3847

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

**Sila Productions, LLC**

1. Name of the limited liability company: Sila Productions, LLC
2. (a) 8815 Conroy Windermere Road  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Suite 536  
Orlando, Florida 32835  
7/7/08
- (b) 8815 Conroy Windermere Road  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Suite 536  
Orlando, Florida 32835  
L08000065671
3. 7/7/08 Date of filing/registration in Florida
4. L08000065671 Document number

5. (a) Sharon Boeckle  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
14 Pelican Lane  
Flagler Beach, 32136  
FL

- (b) Sharon Boeckle  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8815 Conroy Windermere Road

**NEW** Registered Office Address:  
Suite 536

Orlando, 32835  
FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sharon Boeckle

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent



## Detail by Entity Name

### Florida Limited Liability Company

SILA PRODUCTIONS, LLC

### Filing Information

Document Number	L08000065671
FEI/EIN Number	352341821
Date Filed	07/07/2008
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	02/12/2009
Event Effective Date	NONE

### Principal Address

8815 CONROY WINDERMERE ROAD  
SUITE 536  
ORLANDO, FL 32835

Changed: 07/20/2015

### Mailing Address

8815 CONROY WINDERMERE ROAD  
SUITE 536  
ORLANDO, FL 32835

Changed: 07/20/2015

### Registered Agent Name & Address

BOECKLE, SHARON MMGRM  
14 PELICAN LANE  
FLAGLER BEACH, FL 32136

*3 Please change!*

Name Changed: 04/19/2009

Address Changed: 04/19/2009

### Authorized Person(s) Detail

#### Name & Address

Title MGRM

BOECKLE, SHARON MMGRM  
8815 CONROY WINDERMERE ROAD  
SUITE 536  
ORLANDO, FL 32835

### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2013	04/25/2013
2014	04/22/2014
2015	04/25/2015

### **Document Images**

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