

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90011 048 \*\*\*\*50.00

**DOCUMENT # L97000000937**

1. Entity Name

**SILVER LINING, LLC**



**90157253**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>2805 SW 22ND AVENUE SUITE 105 BLDG 9 DELRAY BEACH FL 33445</b>		Mailing Address <b>2805 SW 22ND AVENUE SUITE 105 BLDG 9 DELRAY BEACH FL 33445</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0783549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SARIAN, LORI C 4545 N. BARWICK RANCH CIRCLE DELRAY BEACH FL 33445</b>		7. Name and Address of New Registered Agent Name <b>SARIAN, LORI C</b> Street Address (P.O. Box Number is Not Acceptable) <b>2805 SW 22ND AVE., SUITE 105, BLDG. 9</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33445</b>	
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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  **LORI C. SARIAN** DATE **9/11/03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SARIAN, LORI 2805 SW 22ND AVENUE SUITE 105 BLDG 9 DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SARIAN, CHRIS 2805 SW 22ND AVENUE SUITE 105 BLDG 9 DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** **9/11/03** **303-716-7234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)