

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 009 ****50.00

DOCUMENT # L99000007394

1. Entity Name

LAKESILVER, L.L.C.

Principal Place of Business

523 BAYVIEW ST
DESTIN FL 32541

Mailing Address

P.O. BOX 5354
DESTIN FL 32540

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
59-3622872

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

DORMAN, JACK
523 BAYVIEW ST
DESTIN FL 32541

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGRM CODENHEAD, CHRIS P.O. BOX 727 CRESTVIEW FL 32536	<input type="checkbox"/>		<input type="checkbox"/>
MGRM DORMAN, JACK P.O. BOX 5354 DESTIN FL 32540	<input type="checkbox"/>		<input type="checkbox"/>
MGRM GATES, MICHAEL 3 PLEW AVENUE SHALIMAR FL 32578	<input type="checkbox"/>		<input type="checkbox"/>
MGRM KNOPES, T. MARTIN P.O. BOX 727 CRESTVIEW FL 32536	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

J. E. Dorman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/02

Date

(850) 654-1788

Daytime Phone #

CR2E083 (9/01)