

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 044 ****50.00

DOCUMENT # M02000002196

1. Entity Name

R.A. AND E.W. SILVER FAMILY COMPANY, LLC



Principal Place of Business

C/O RICHARD A. SILVER
9209 TAMARACK DR.
INDIANAPOLIS, IN 46260

Mailing Address

C/O RICHARD A. SILVER
9209 TAMARACK DR.
INDIANAPOLIS, IN 46260

24060474



2. Principal Place of Business

C/O PETER A. SILVER

3. Mailing Address

C/O PETER A. SILVER

Suite, Apt. #, etc.

14838 VICTORY CT.

Suite, Apt. #, etc.

14838 VICTORY CT.

04262004

Chg-LLC

CR2E083 (10/03)

City & State

CARMEL IN

City & State

CARMEL IN

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

46032

Country

Zip

46032

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASEDY, MARSHALL R
7018 DUCK COVE RD.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

SUSAN WOHLFELD

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

116 HAVERHILL DR.

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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

Susan Wohlfeld

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SILVER, RICHARD A	
STREET ADDRESS	9209 TAMARACK DR.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46260	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER A. SILVER	
STREET ADDRESS	14838 VICTORY CT.	
CITY-ST-ZIP	CARMEL IN 46032	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

R. A. Silver

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

Date

Daytime Phone #

Apr 26, 2004

317

288-7389