

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003927

1. Entity Name

RELiance SILVERSANDS, LLC



Principal Place of Business

4030 GULF OF MEXICO DR.
LONGBOAT KEY FL 34288

Mailing Address

4030 GULF OF MEXICO DR.
LONGBOAT KEY FL 34288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0376043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, SCOTT W ESQ
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVE, STE 300
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GAUDIO, JOSEPH R
STREET ADDRESS 4030 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34288

☐ Change ☐ Addition
U000000516310
04/29/06-80243-023 50.00

TITLE MGR ☐ Delete
NAME DARDIS, KENNETH C
STREET ADDRESS 4030 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34288

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME COBBS, J. CHRISTOPHER
STREET ADDRESS 4030 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34288

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME STARR, CHARLES L III
STREET ADDRESS 4030 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34288

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph R. Gaudio* Joseph R. Gaudio 4/12/06 203.961.8181