

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # M03000003957

1. Entity Name
SILENT OAKS LLC



Principal Place of Business
112 NORTH CURRY STREET
CARSON CITY, NV 89703

Mailing Address
14502 N DALE MABRY
200
TAMPA, FL 33618



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0428780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, DAVID B
C/O OWNERS PROPERTY MGMT
14502 N DALE MABRY STE 200
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

00000039574

05/05/08-R0000-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GORDON, JONATHAN A
112 NORTH CURRY STREET
CARSON CITY, NV 89703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GORDON, SARAH S
112 NORTH CURRY STREET
CARSON CITY, NV 89703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: David Gordon

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

4/08/08

Date

817.287.1078

Daytime Phone #