

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008077

**Entity Name:** SILVERMAN, VORHIS & DOAN, LLC

**Current Principal Place of Business:**

4001 W. NEWBERRY ROAD  
BUILDING A SUITE 1  
GAINESVILLE, FL 32607

**Current Mailing Address:**

P.O. BOX 5125  
GAINESVILLE, FL 32627

**FEI Number:** 20-4118189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VORHIS, ADAM  
4001 W. NEWBERRY ROAD  
BUILDING 1 SUITE A  
GAINESVILLE, FL 32607 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name VORHIS, ADAM  
Address P.O. BOX 5125  
City-State-Zip: GAINESVILLE FL 32627

Title MGR  
Name SILVERMAN, JOSHUA  
Address P.O. BOX 5125  
City-State-Zip: GAINESVILLE FL 32627

Title MGR  
Name MACK, STEPHANIE  
Address P.O. BOX 5125  
City-State-Zip: GAINESVILLE FL 32627

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADAM VORHIS

**CO-OWNER**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date