

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125904

**FILED
Jun 07, 2017
Secretary of State
CC6461500260**

Entity Name: SILVERCRESTED MANAGEMENT, LLC

Current Principal Place of Business:

1490 NE PINE ISLAND ROAD
SUITE 8D
CAPE CORAL, FL 33909

Current Mailing Address:

P. O. BOX 1848
FORT MYERS, FL 33902

FEI Number: 36-4627403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGMENT
1490 NE PINE ISLAND ROAD
SUITE 8D
CAPE CORAL, FL 33909 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: MICHELLE@SILVERCRESTED.COM

06/07/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name HUBLER , KYLE
Address 1490 NE PINE ISLAND ROAD
 SUITE 8D
City-State-Zip: CAPE CORAL FL 33909

Title CEO
Name STALEY, JEFF
Address 1490 NE PINE ISLAND ROAD
 SUITE 8D
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT
Name GARCIA, PATRICK
Address 1490 NE PINE ISLAND ROAD
 SUITE 8D
City-State-Zip: CAPE CORAL FL 33909

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: JEFF STALEY

CEO

06/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date