

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025232

**Entity Name:** SILVER PALMS SQUARE, LLC

**Current Principal Place of Business:**

6400 N ANDREWS AVE  
STE 490  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

6400 N ANDREWS AVE  
STE 490  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 26-4456508

**Certificate of Status Desired:** No

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

TILLEY, MICHAEL R  
7999 N FEDERAL HWY  
STE 102  
BOCA RATON, FL 33487 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 MGRM  
Name PERSAUD, KRISHNA  
Address 6400 N ANDREWS AVE  
STE 490  
City-State-Zip: FT LAUDERDALE FL 33309

Title MGRM  
Name PERSAUD, SUMENTRA  
Address 6400 N ANDREWS AVE  
STE 490  
City-State-Zip: FT LAUDERDALE FL 33309

Title MGR  
Name PERSAUD, CRYSTAL  
Address 6400 N ANDREWS AVE  
STE 490  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** KRISHNA PERSAUD

**MGRM**

**04/30/2016**

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

\_\_\_\_\_  
Date