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.

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000057870

Entity Name: SILVA CONSTRUCTION SERVICES LLC

## **Current Principal Place of Business:**

6240 PEREGRINE CT ORLANDO, FL 32819

## **Current Mailing Address:**

6240 PEREGRINE CT ORLANDO, FL 32819 US

## FEI Number: 27-2718052

## Name and Address of Current Registered Agent:

SILVA, CESAR 6240 PEREGRINE CT ORLANDO, FL 32819 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:	CESAR SILVA			06/23/2015	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	PRESIDENT	Title	PRESIDENT		
Name	SILVA, CESAR	Name	CESAR SILVA		
Address	6240 PEREGRINE CT	Address	6240 PEREGRINE CT		
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819		

SIGNATURE: CESAR SILVA

PRESIDENT

06/23/2015

FILED Jun 23, 2015 Secretary of State CC1297298481

Certificate of Status Desired: No

Date