

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030555

**Entity Name:** SILTA BUSINESS DEVELOPMENT, LLC.

**Current Principal Place of Business:**

2295 S. HIAWASSEE RD  
407  
ORLANDO, FL 32835

**Current Mailing Address:**

2295 S. HIAWASSEE RD  
407  
ORLANDO, FL 32835 US

**FEI Number:** 46-5403687

**Certificate of Status Desired:** Yes

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC  
2295 S. HIAWASSEE RD  
407  
ORLANDO, FL 32835 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 DA SILVA ALVES, SANDRO  
Address RUA PADRE BERNARDINO PESSOA  
415 APT 2101  
City-State-Zip: RECIFE PE 51020--210

Title AMBR  
Name LOIOLA RIBEIRO ALVE, ROSE MARY  
Address RUA PADRE BERNARDINO PESSOA  
415 APT 2101  
City-State-Zip: RECIFE PE 51020--210

*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:** SANDRO DA SILVA ALVES

**MANAGER**

**01/27/2016**

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

\_\_\_\_\_  
Date