

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000038879

**Entity Name:** SILGRE FLORIDA LLC

**Current Principal Place of Business:**

6949 CRESTPOINT DR  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

6949 CRESTPOINT DR  
APOLLO BEACH, FL 33572 US

**FEI Number:** 47-3303877

**Certificate of Status Desired:** No

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

SILVA, ROCIO  
6949 CRESTPOINT DR  
APOLLO BEACH, FL 33572 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 SILVA, ROCIO  
Address 6949 CRESTPOINT DR  
City-State-Zip: APOLLO BEACH FL 33572

Title MGR  
Name GRECO, DOMENICO  
Address 6949 CRESTPOINT DR  
City-State-Zip: APOLLO BEACH FL 33572

*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:** ROCIO SILVA

**MGR**

**01/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date