

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC5990520708**

DOCUMENT# L15000086584

**Entity Name:** SILVAS MIAMI LLC

**Current Principal Place of Business:**

19390 COLLINS AVE  
APT 206A  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

1900 MERIDIAN AVE  
APT 202  
MIAMI BEACH, FL 33139 UN

**FEI Number:** 47-4469516

**Certificate of Status Desired:** No

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

PATRICIA RAPAN PA  
1900 MERIDIAN AVE  
202  
MIAMI BEACH, FL 33139 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	Title	MGR
Name	GOMES FREIRE DA SILVA, SINTIA	Name	FREIRE DA SILVA, RAFAEL
Address	19390 COLLINS AVE APT 206A	Address	19390 COLLINS AVE APT 206A
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	MGR		
Name	FREIRE DA SILVA, CLEBER		
Address	19390 COLLINS AVE 206A		
City-State-Zip:	MIAMI BEACH FL 33160		

*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: GOMES FREIRE DA SILVA , SINTIA MANAGER 03/23/2017  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date