

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000086584

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC1333800985**

**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  
Name GOMES FREIRE DA SILVA, SINTIA  
Address 19390 COLLINS AVE  
APT 206A  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name FREIRE DA SILVA, RAFAEL  
Address 19390 COLLINS AVE  
APT 206A  
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:** SINTIA GOMES FREIRE DA SILVA

**MANAGER**

**04/30/2016**

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

\_\_\_\_\_  
Date