

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000249584

**Entity Name:** FDEZ-SILVA, LLC

**Current Principal Place of Business:**

7845 SW 84TH PL  
MIAMI, FL 33143

**FILED**  
**Oct 23, 2018**  
**Secretary of State**  
**CR7813675718**

**Current Mailing Address:**

7845 SW 84TH PL  
MIAMI, FL 33143 US

**FEI Number: 82-3619913**

**Certificate of Status Desired: No**

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

FERNANDEZ-SILVA, JORGE A  
7845 SW 84TH PL  
MIAMI, FL 33143 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: JORGE FERNANDEZ-SILVA**

**10/23/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FERNANDEZ-SILVA, JORGE  
Address 7845 SW 84TH PL  
City-State-Zip: MIAMI FL 33143

Title AMBR  
Name FERNANDEZ-SILVA, EILEEN B  
Address 7845 SW 84TH PL  
City-State-Zip: MIAMI FL 33143

Title AMBR  
Name FERNANDEZ-SILVA, DR. JORGE A.  
Address 11935 DELFINA LANE  
City-State-Zip: ORLANDO FL 32827

Title AMBR  
Name FERNANDEZ-SILVA, EILEEN M  
Address 7845 SW 84TH PL  
City-State-Zip: MIAMI FL 33143

Title AMBR  
Name FERNANDEZ-SILVA, MARIE ANN  
Address 1620 MILWAUKEE WAY APT 208  
City-State-Zip: MISSOULA MT 59801

*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: JORGE FERNANDEZ-SILVA**

**PRESIDENT**

**10/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date