

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000233139

**Entity Name:** SILVER ITALY, LLC

**Current Principal Place of Business:**

20900 NE 30TH AVENUE  
SUITE 826  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVENUE  
SUITE 826  
AVENTURA, FL 33180

**FEI Number:** 83-2733959

**Certificate of Status Desired:** No

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

DUARTE, SONIA  
20900 NE 30TH AVENUE  
SUITE 826  
AVENTURA, FL 33180 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 DUARTE, SONIA  
Address 20900 NE 30TH AVENUE SUITE 826  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name DASILVA DUARTE, KATHERINE MICHELLE  
Address 20900 NE 30TH AVENUE SUITE 826  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name DASILVA DUARTE, ERIKA DESIREE  
Address 20900 NE 30TH AVENUE SUITE 826  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name TINEO DUARTE, LUISANA  
Address 20900 NE 30TH AVENUE SUITE 826  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name FOUR ROSES CORPORATION, LLC  
Address 20900 NE 30TH AVENUE SUITE 826  
City-State-Zip: AVENTURA FL 33180

*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:** SONIA DUARTE

**MGRM**

**04/26/2023**

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

\_\_\_\_\_  
Date