

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021669

1. Entity Name

SILVER WINGS DEVELOPMENT LLC



Principal Place of Business

13071 MAR ST
CORAL GABLES FL 33156

Mailing Address

13071 MAR ST
CORAL GABLES FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E083 (11/03)

4. FEI Number

27-0027473

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTALVO, JOSE R
13071 MAR ST
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when terminating)

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MONTALVO, JOSE R
STREET ADDRESS 13071 MAR ST
CITY - ST - ZIP CORAL GABLES FL 33156 ☐ Delete

TITLE MGRM
NAME MONTALVO, CORINA M
STREET ADDRESS 13071 MAR ST
CITY - ST - ZIP CORAL GABLES FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
U00000089387
03/16/04-80012-012 55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.

SIGNATURE:

Jose R Montalvo MGRM 3/09/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305 665 2616