

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021371 1. Entity Name SILVERSTAR CHEVRON, L.L.C.	
---	---

Principal Place of Business 5419 SILVERSTAR RD ORLANDO, FL 32808 US	Mailing Address 9020 BECKY CYPRESS WAY ORLANDO, FL 32836 US
---	---



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0080377	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent LALANI, NOORUDDIN 9020 BECKY CYPRESS WAY ORLANDO, FL 32836
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000678609
04/03/07-80005-006 50.00

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LALANI, NOORUDDIN T 9020 PECKY CYPRESS WAY ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVEDateDaytime Phone #

03/19/07