

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000054048**

1. Entity Name  
**RENAISSANCE SILVER LLC**



Principal Place of Business

**11131 NAUTLUS DR  
HOLLYWOOD, FL 33026**

Mailing Address

**11131 NAUTLUS DR  
HOLLYWOOD, FL 33026**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1368204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TIL A-COHEN, ALON  
11131 NAUTLUS DR  
HOLLYWOOD, FL 33026**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000585257  
01/16/07-80004-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TILA-COHEN, ALON
STREET ADDRESS	11131 NAUTILUS DR
CITY-ST-ZIP	HOLLYWOOD, FL 33026
TITLE	MGR
NAME	RENAISSANCE SILVER LTD
STREET ADDRESS	% AMNON ZABUROV/ 1 HASHKIMA STREET
CITY-ST-ZIP	AZUR 58001 ISRAEL,
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 REPRESENTATIVE

Date

Daytime Phone #

*Alon Tila-Cohen*

01-169-2007