

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054048

Entity Name: RENAISSANCE SILVER LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

11131 NAUTLUS DR
HOLLYWOOD, FL 33026

New Principal Place of Business:

3517 BARBADOS AVE.
HOLLYWOOD, FL 33026

Current Mailing Address:

11131 NAUTLUS DR
HOLLYWOOD, FL 33026

New Mailing Address:

3517 BARBADOS AVE.
HOLLYWOOD, FL 33026

FEI Number: 20-1368204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLA-COHEN, ALON
11131 NAUTLUS DR
HOLLYWOOD, FL 33026 US

Name and Address of New Registered Agent:

TILA-COHEN, ALON
3517 BARBADOS AVE.
HOLLYWOOD, FL 33026 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: TILA-COHEN ALON

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TILA-COHEN, ALON
Address: 11131 NAUTLUS DR
City-St-Zip: HOLLYWOOD, FL 33026

Title: MGR () Delete
Name: RENAISSANCE SILVER L, TD
Address: % AMNON ZABUROV/ 1 HASHKIMA STREET
City-St-Zip: AZUR 58001 ISRAEL,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TILA-COHEN, ALON
Address: 3517 BARBADOS AVE.
City-St-Zip: HOLLYWOOD, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TILA-COHEN ALON

MGRM

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date