

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000073925

1. Entity Name
E SILVA MASONRY, LLC



Principal Place of Business
**3296 NW AVE U
WINTER HAVEN, FL 33881**

Mailing Address
**3296 NW AVE U
WINTER HAVEN, FL 33881**



07192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1715205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVA, ESEQUIEL
3296 NW AVE U
WINTER HAVEN, FL 33881**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-07

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, ESEQUIEL 3296 AVENUE U NW WINTER HAVEN, FL 33881
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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: ESEQUIEL SILVA

8-27-07

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

Date

Daytime Phone #