

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000066305

1. Entity Name  
SILVA BUSINESS SOLUTIONS LLC



**FILED  
Jun 14, 2007 8:00 am  
Secretary of State**

06-14-2007 90121 008 \*\*\*\*50.00

**SEARCHED**



06112007 Chg-LLC CR2E083 (12/06)

Principal Place of Business  
13513 EYAS RD 12437 ACCIPITER DR. 13513 EYAS RD  
ORLANDO, FL 32837 ORLANDO, FL 32837 ORLANDO, FL 32837

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 13-4300396 Applied For  
Not Applicable

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

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

SILVA, ANGELA P  
12437 ACCIPITER DR  
ORLANDO, FL 32837

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 reinstating)

DATE

06/11/07

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10.**

**ADDITIONS/CHANGES**

TITLE MGRM  Delete  
NAME SILVA, ANGELA P  
STREET ADDRESS 12437 ACCIPITER DR  
CITY ST-ZIP ORLANDO, FL 32837

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE  Change  Addition  
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CITY ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

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:**

06/11/07

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

Date

Daytime Phone #