## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066305

City-St-Zip:

Entity Name: SILVA BUSINESS SOLUTIONS LLC

FILED Jul 12, 2008 Secretary of State

| Current P  | rincipal Place of Business:   | New Principal Place of Business:  | New Principal Place of Business: |  |
|--|---|---|----------------------------------|--|
|  | CIPITER DR<br>D, FL 32837   |   |                                  |  |
| Current Mailing Address:   |   | New Mailing Address:  |                                  |  |
| 13513 EYA<br>ORLANDO   | AS RD<br>D, FL 32837  |   |                                  |  |
| FEI Number: 13-4300396 FEI Number Applied For ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability compa |   |   | tus Desired ( )                  |  |
| Name and   | Address of Current Registered Age   | nt: Name and Address of New Registered  | Agent:                           |  |
| SILVA, AN<br>13513 EYA<br>ORLANDO  |   |   |                                  |  |
|  | e named entity submits this statement fo<br>e of Florida.                     | r the purpose of changing its registered office or registere                        | d agent, or both                 |  |
| SIGNATUI   | RE:   |   |                                  |  |
|  | Electronic Signature of Register  | ed Agent Date   |                                  |  |
| MANAGING MEMBERS/MANAGERS:   |   | ADDITIONS/CHANGES:  |                                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MGRM ( ) Delete<br>SILVA, ANGELA P<br>12437 ACCIPITER DR<br>ORLANDO, FL 32837 | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:                          | ın                               |  |
| Title:<br>Name:<br>Address:  | ( ) Delete  | Title: MGR ( ) Change (X) Addition Name: DIAZ, ANGELA M Address: 12437 ACCIPITER DR | n                                |  |

City-St-Zip: ORLANDO, FL 32837

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: ANGELA SILVA MGRM 07/12/2008