

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100192

Entity Name: SILVERSMART LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

7955 NW 12TH STREET, SUITE 400
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

10392 NW 46 TERRACE
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-3624081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JAIME
7955 NW 12TH STREET, SUITE 400
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ALVAREZ, JAIME M
7955 NW 12TH STREET, SUITE 400
MIAMI, FL 33126 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: JAIME M ALVAREZ

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, JAIME
Address: 7955 NW 12 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: GARCIA, DARLENE
Address: 7955 NW 12 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVAREZ, JAIME M
Address: 7955 NW 12 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change () Addition
Name: GARCIA, DARLENE R
Address: 7955 NW 12 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33126

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: JAIME M ALVAREZ

MGRM

04/25/2008

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