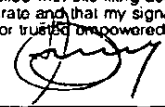


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 10, 2007 8:00 am
Secretary of State

03-09-2007 90136 024 ****50.00

DOCUMENT # L06000074779 1. Entity Name SILVA'S, LLC.					
Principal Place of Business 1506 SW 143 CT MIAMI FL 33184			Mailing Address 1506 SW 143 CT MIAMI FL 33184		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number X 205282488			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SILVA, ALBERTO SR 1506 SW 143 CT MIAMI FL 33184			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SILVA, ALBERTO SR 1506 SW 143 CT MIAMI FL 33184	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SILVA, LUIS A JR. 1506 SW 143 CT MIAMI FL 33184	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-23-07 786-290-5686 Date Daytime Phone #					