

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075681

FILED
May 15, 2008
Secretary of State

Entity Name: GUILHERME PEREIRA SILVA LLC

Current Principal Place of Business:

311 NW 42 CT
214
POMPANO BEACH, FL 33064

New Principal Place of Business:

1760 PALM COVE BLVD
303
DELRAY BEACH, FL 33445

Current Mailing Address:

311 NW 42 CT
214
POMPANO BEACH, FL 33064

New Mailing Address:

1760 PALM COVE BLVD
303
DELRAY BEACH, FL 33445

FEI Number: 20-5295029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVA, GUILHERME P
311 NW 42 CT
214
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

SILVA, GUILHERME P
1760 PALM COVE BLVD
303
DELRAY BEACH, FL 33445 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: GUILHERME PEREIRA SILVA

05/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILVA, GUILHERME P
Address: 311 NW 42CT #214
City-St-Zip: POMPAÑO BEACH, FL 33064 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVA, GUILHERME P
Address: 1760 PALM COVE BLVD APT 303
City-St-Zip: DELRAY BEACH, FL 33445 US

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: GUILHERME PEREIRA SILVA

MGRM

05/15/2008

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