


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90381 006 ****50.00

DOCUMENT # L06000119765					
1. Entity Name SILVA'S INSTALLATION LLC					
Principal Place of Business 2900 N. PALM AIRE DRIVE, #203 POMPANO BEACH, FL 33069			Mailing Address 2900 N. PALM AIRE DRIVE, #203 POMPANO BEACH, FL 33069		
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		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SILVA VERA, RAMON H 2900 N. PALM AIRE DRIVE, #203 POMPANO BEACH, FL 33069			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVA VERA, RAMON H 2900 N. PALM AIRE DRIVE, #203 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5-3-07 954-636-9295 <small>Date Daytime Phone #</small>		

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04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 562602950 Applied For ☐ Not Applicable ☒

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

ATTACHMENT

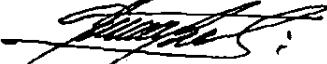
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May 3, 2007
Florida dept. of State
Division of Corporations
PO Box 8700
Tallahassee, FI 33069-3842

Dear Sirs,

I am filing the annual report and attaching the filing fee of \$50.00 on this date, May 3, 2007. The 2-day late filing is due to the fact that I did not receive a notice and had to get a form from my accountant.

Kindly excuse the lateness of the filing.



Ramon Silva Vera
Silva's Installation LLC
#L06000119765