

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



03212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2602950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA VERA, RAMON H
2900 N. PALM AIRE DRIVE, #203
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000936429
05/27/08-80010-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SILVA VERA, RAMON H
STREET ADDRESS	2900 N. PALM AIRE DRIVE, #203
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 25-08