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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVA HOLDINGS OF FLORIDA LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH D SILVA

(Name of Person)

(Firm/Company)

11622 DANCING RIVER DR

(Address)

VENICE, FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH D. SILVA

(Name of Person)

at (941) 492-6364

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301