

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017422

Entity Name: SILVANI CAPITAL, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

9531 FONTAINEBLEAU BLVD.
#406
MIAMI, FL 33172

New Principal Place of Business:

218 E. MURIEL ST.
ORLANDO, FL 32806

Current Mailing Address:

9531 FONTAINEBLEAU BLVD.
#406
MIAMI, FL 33172

New Mailing Address:

218 E. MURIEL ST.
ORLANDO, FL 32806

FEI Number: 26-2052022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, SAMUEL E
9531 FONTAINEBLEAU BLVD.
#406
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SILVA, SAMUEL E
218 E. MURIEL ST.
ORLANDO, FL 32806 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILVA, SAMUEL E
Address: 9531 FONTAINEBLEAU BLVD. #406
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: VICENTE, EFRAIM
Address: 9531 FONTAINEBLEAU BLVD. #406
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVA, SAMUEL E
Address: 218 E. MURIEL ST.
City-St-Zip: ORLANDO, FL 32806

Title: MGRM (X) Change () Addition
Name: VICENTE, EFRAIM
Address: 208 PARK ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: SAMUEL E. SILVA

MGRM

04/28/2009

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