

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025501

Entity Name: SILVERVOICE, LLC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

31 SIMONTON CIRCLE
WESTON, FL 33326 US

New Principal Place of Business:

16654 HEMINGWAY DR
WESTON, FL 33326 US

Current Mailing Address:

31 SIMONTON CIRCLE
WESTON, FL 33326 US

New Mailing Address:

16654 HEMINGWAY DR
WESTON, FL 33326 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, MARIA SANDRA
31 SIMONTON CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

RIVERA, MARIA SANDRA
16654 HEMINGWAY DR
WESTON, FL 33326 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: _____ 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIVERA, MARIA SANDRA
Address: 31 SIMONTON CIRCLE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIVERA, MARIA SANDRA
Address: 16654 HEMINGWAY DR
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: TRIANA, JHON
Address: 31 SIMONTON CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Change () Addition
Name: TRIANA, JHON
Address: 16654 HEMINGWAY DR
City-St-Zip: WESTON, FL 33326 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: MARIA SANDRA RIVERA MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date