

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087099

Entity Name: ANTONIO DASILVA L.L.C.

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5811 W IRLO BRONSON MEMORIAL HWY ST  
KISSIMME, FL 34746 47

**New Principal Place of Business:**

**Current Mailing Address:**

5811 W IRLO BRONSON MEMORIAL HWY ST  
UNIT 2 & 3  
KISSIMME, FL 34746 47

**New Mailing Address:**

FEI Number: 45-2857760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DA SILVA, ANTONIO A  
5811 W IRLO BRONSON MEMORIAL HWY ST  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DA SILVA, ANTONIO A  
Address: 5811 W IRLO BRONSON MEMORIAL HWY ST  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM  
Name: GONZALEZ, MARIA G  
Address: 5055 BISCAYNE ROAD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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: ANTONIO DA SILVA

MGR

03/29/2012

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