

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000871

**Entity Name:** SILVA ARCHITECTS, LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVE.  
SUITE 880  
CORAL GABELS, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVE.  
SUITE 880  
CORAL GABELS, FL 33146

**FEI Number:** 20-4038377

**Certificate of Status Desired:** No

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET SUITE 300  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SILVA, ALEJANDRO  
Address 135 SAN LORENZO AVE  
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER  
Name SILVA, ANDREW  
Address 135 SAN LORENZO AVE.  
SUITE 880  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRO SILVA

**MGR**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date