

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023439

**Entity Name:** SILMAFE, LLC

**Current Principal Place of Business:**

4994 WEST 12TH AVE.  
HIALEAH, FL 33012

**Current Mailing Address:**

4994 WEST 12TH AVE.  
HIALEAH, FL 33012

**FEI Number:** 37-1538764

**Certificate of Status Desired:** No

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

MANUEL, FERNANDEZ JR.  
4994 WEST 12TH AVE.  
HIALEAH, FL 33012 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	Title	MGR
Name	FERNANDEZ, MANUEL	Name	FERNANDEZ, SILVIA M
Address	4994 WEST 12TH AVE.	Address	4994 WEST 12TH AVE.
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** MANUEL FERNANDEZ JR

**PRESIDENT**

**04/28/2015**

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

\_\_\_\_\_  
Date