## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000209365

**Entity Name: FSILVA INSURANCE AGENCY LLC** 

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**Current Principal Place of Business:** 

7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO, FL 32819

**Current Mailing Address:** 

7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO, FL 32819 US

FEI Number: 81-4479783 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, FABIO 10140 ATWATER BAY DR WINTER GARDEN, FL 34787 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: FABIO SILVA 04/12/2024

Electronic Signature of Registered Agent

Date

FILED Apr 12, 2024

**Secretary of State** 

4685844127CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name SILVA, FABIO ALEKSANDER Name PINTO, JULIANA

Address 10140 ATWATER BAY DRIVE Address 10140 ATWATER BAY DRIVE
City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip: WINTER GARDEN FL 34787

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.