that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MICHAEL PICKETT MANGER

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: ORLANDO FL 32818

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

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.

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	PICKETT, MICHAEL JR	Name	WILLIAMS, TRENYA M
Address	2206 LA DUE CT	Address	2296 OKADA CT
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32818
Title	AMBR	Title	AMBR
Name	MILES, SHACORIA L	Name	HEPBURN, CYNTHIA N
Address	1003 EMERALD RD	Address	1003 EMERALD RD
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808
Title	AMBR		
Name	BREEDLOVE, SHEILA B		
Address	2296 OKADA CT		

SIGNATURE:

Electronic Signature of Registered Agent

ORLANDO, FL 32818 US

Name and Address of Current Registered Agent:

100 APOPKA, FL 32703

FEI Number: 85-2864299

DOCUMENT# L21000010128

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LAVISH WITH SILVI LLC

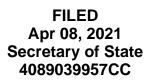
Current Principal Place of Business:

2296 OKADA CT 100 ORLANDO, FL 32818

Current Mailing Address:

1140 OLD APOPKA RD

HEPBURN, SILVIA M 2296 OKADA CT 100



Certificate of Status Desired: No

Date

04/08/2021 Date