

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005225

Entity Name: SILVA INSURANCE AGENCY, LLC

Current Principal Place of Business:

12392 SW 82ND AVE.
SUITE:12392
PINECREST, FL 33156

Current Mailing Address:

12392 SW 82ND AVE.
SUITE:12392
PINECREST, FL 33156 US

FEI Number: 83-4633430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABREU, JOSHUA
12392 SW 82ND AVE.
SUITE:12392
PINECREST, FL 33156 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: JOSHUA ABREU

02/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name ABREU, JOSHUA
Address 12392 SW 82ND AVE.
SUITE:12392
City-State-Zip: PINECREST FL 33156

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: JOSHUA ABREU

MANAGER

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date