

**2023 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

01/20/2023

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

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date