



**SILVA'S**  
Financial Services

# BUSINESS RENEWAL

5220 S University Dr Suite C-102 Davie, FL 33328  
Phone: 305-944-9755 Fax: 888-401-1914  
[www.silvasfinancialservices.com](http://www.silvasfinancialservices.com)

Registered Agent : Silva's Financial Services LLC

**Corporate Name:**

EIN :

TODAY'S DATE:

RENEWAL YEAR

Type of Organization (Select one)

Changes (Select One) **Yes** **No**

Main Number :

Mobile Number :

Use the boxes below if your addresses have changed. If there are NO changes, please enter "SAME AS LAST YEAR".

New Principal Address:

City, State & Zip Code :

New Mailing Address:

City, State & Zip Code :

## Update Officer(s) Contact Information

Use the boxes below to ADD/REMOVE an officer/partner ONLY. If there are NO changes, please leave the boxes blank. If there are changes, please fill out the boxes completely and the corresponding officer/partner being added/removed MUST sign.

Complete Name :

Position :

Add/Remove :

1.   
Email Address   
Contact Phone Ownership %

\_\_\_\_\_  
Signature Officer/Partner 1

2.   
Email Address   
Contact Phone Ownership %

\_\_\_\_\_  
Signature Officer/Partner 2

3.   
Email Address   
Contact Phone Ownership %

\_\_\_\_\_  
Signature Officer/Partner 3

4.   
Email Address   
Contact Phone Ownership %

\_\_\_\_\_  
Signature Officer/Partner 4

## Officer Contact Information - MANDATORY SIGNATURE OF OFFICER APPROVING THIS FORM

Name

Contact Phone

\_\_\_\_\_  
Authorized Signature

Please return this form signed by e-mail to [accounting6@silvasbox.com](mailto:accounting6@silvasbox.com) or send by fax to 1888 401-1914.

**Remember to fill out your Credit Card Authorization for renewal or write your check payable to: SILVA'S FINANCIAL SERVICES, LLC**

I hereby certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application and that the information supplied with this filing does not qualify for any public records exemptions under applicable law. I acknowledge and understand that SFS is not affiliated with any government or governmental entity, including the Florida Department of State, and that I may file directly with the State on their Sunbiz site. I authorize SFS or its delegate to file all submitted information electronically with the State of Florida on my behalf. The provided information is true and accurate and, by submitting such information, I affirm under oath that it is true and accurate. I am aware that the information on this application will be filed with the Florida Department of State and will be publicly available and that submitting false information constitutes a third degree felony. In addition, by submitting this information I acknowledge I have read and agree to be bound by The terms and conditions.