



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

SOS Control Number: 352654

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/07/2012

Formation Locale: ID

Name and Mailing Address:

SILVA DEMOLITION & ABATEMENT LLC
STE 200
25 E FAIRVIEW AVE
MERIDIAN, ID 83642-4940

X (1) Add or Change Mailing Address:

PO Box 1027
Middleton, ID 83644

Registered Agent (RA) and Registered Office (RO) Address:

TINO SILVA
594 VALLEY ST
MIDDLETON, ID 83644

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TINO SILVA	594 Valley St	Middleton, ID 83644
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Rosalinda Silva	594 Valley St	Middleton, ID 83644
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Mike Bass	594 Valley St	Middleton, ID 83644
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Tanya Bass	594 Valley St	Middleton, ID 83644
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Tanya Bass

(6) Date:

5/13/2024

(7) Type/Print Name:

TANYA BASS

(8) Title:

Office Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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