

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077551

Entity Name: SALAM SERVICES LLC

FILED
May 20, 2009
Secretary of State

Current Principal Place of Business:

3111 E COLONIAL DRIVE HWY 50-
ORLANDO, FL 34747

New Principal Place of Business:

3111 E COLONIAL DRIVE HWY 50-
ORLANDO, FL 32803

Current Mailing Address:

8857 PARLIAMENT COURT
KISSIMMEE, FL 34747

New Mailing Address:

8857 PARLIAMENT CT
KISSIMMEE, FL 34747

FEI Number: 36-4638928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAZHARI, NAIMA
8857 PARLIAMENT COURT
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAZHARI, NAIMA
Address: 3111 E COLONIAL DRIVE HWY 50-
City-St-Zip: ORLANDO, FL 34747

Title: MGRM (X) Delete
Name: BOUNAFAA, MOHAMED
Address: 3111 E COLONIAL DRIVE HWY 50-
City-St-Zip: ORLANDO, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAZHARI, NAIMA
Address: 8857 PARLIAMENT CT
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NAIMA LAZHARI

MGRM

05/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date