

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000000685

Entity Name: SALDOF LLC**Current Principal Place of Business:**23850 VIA ITALIA CIRCLE
1806
BONITA SPRINGS, FL 34134**Current Mailing Address:**23850 VIA ITALIA CIRCLE
1806
BONITA SPRINGS, FL 34134**FEI Number:** 46-4699878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOWAK, IRENE MS.
1581 HEATH LANE
1206
VERO BEACH, FL 32960 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGR
Name ALTAHAWI, FAROUK
Address 23850 VIA ITALIA CIRCLE # 1806
City-State-Zip: BONITA SPRINGS FL 34134Title MGR
Name CLEMENTSON, SALWA
Address 23850 VIA ITALIA CIRCLE #1806
City-State-Zip: BONITA SPRINGS FL 34134Title MGR
Name ALTAHAWI, OMAR
Address 23850 VIA ITALIA CIRCLE # 1806
City-State-Zip: BONITA SPRINGS FL 34134Title MGR
Name ALTAHAWI, SOURAYA
Address 23850 VIA ITALIA CIRCLE # 1806
City-State-Zip: BONITA SPRINGS FL 34134Title MGR
Name ALTAHAWI, DEEMAH
Address 23850 VIA ITALIA CIRCLE # 1806
City-State-Zip: BONITA SPRINGS FL 34134Title MGR
Name ALTAHAWI, FAYSAL
Address 23850 VIA ITALIA CIRCLE # 1806
City-State-Zip: BONITA SPRINGS FL 34134

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: FAROUK ALTAHAWI**MANAGER****03/29/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date