

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000360

1. Entity Name
SALMIL, LC



Principal Place of Business
**6051 NW 63RD PLACE
PARKLAND, FL 33067**

Mailing Address
**6051 NW 63RD PLACE
PARKLAND, FL 33067**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, LOUIS C
224 COMMERCIAL BLVD., SUITE 310
LAUDERDALE-BY-THE-SEA, FL 33308-4443**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
STEIN, ROSEMARY
6051 NW 63RD PLACE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
STEIN, HOWARD
6051 NW 63RD PLACE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000180259
01/13/05-80052-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HOWARD S. STEIN

Date

1/10/05

Daytime Phone #

954-752-9024