2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005351

1. Entity Name
SALSTEIN MANAGEMENT, LLC

Principal Place of Business	Mailing Address
6250 NW 35TH AVENUE MIAMI, FL 33147	6250 NW 35TH AVENUE MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1102111	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER. 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000781831
01/15/08-80051-008 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SALSTEIN, ABRAHAM
STREET ADDRESS	8920 SW 117TH STREET
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	MGR
NAME	SALSTEIN, HOWARD
STREET ADDRESS	13821 SW 108TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1/10/08   305-693-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #