

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006050

1. Entity Name
SALT HOLDINGS, LLC

02 AUG 27 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1919 NW 107TH WAY
GAINESVILLE FL 32606

Mailing Address

1919 NW 107TH WAY
GAINESVILLE FL 32606

91743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREDDY, ROSE MARIE K ESQUIRE

233 EAST BAY STREET

SUITE 901

JACKSONVILLE FL 32202

Name Rita Karadshah

Street Address (P.O. Box Number is Not Acceptable)

1919 NW 107 WAY

City Gainesville

FL

Zip Code 32606

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.

SIGNATURE Rita Karadshah RITA KARADSHEN

4-25-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MANAGER
NAME RITA KARADSHEN
STREET ADDRESS 1919 NW 107th Way
CITY-ST-ZIP Gainesville, FL 32606

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rita Karadshah

6/5/02

352-3323633

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

Date

Daytime Phone #

CR2E083 (9/01)