

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90075 007 ****50.00

DOCUMENT # L03000022025

1. Entity Name
SALASH, LLC



Principal Place of Business

**1272 N PALM AVENUE
SARASOTA, FL 34236**

Mailing Address

**1272 N PALM AVENUE
SARASOTA, FL 34236**

75 COCOANUT AVE

DO NOT WRITE IN THIS SPACE



03152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0077152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TROUT, SALLY
1272 N PALM AVENUE
SARASOTA, FL 34236**

75 COCOANUT AVE

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TROUT, SALLY
STREET ADDRESS	1272 N PALM AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	BANDY, CHRISOPHTER
STREET ADDRESS	1272 N PALM AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

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

**SALLY A. TROUT A.S.I.D.
75 COCOANUT AVENUE
SARASOTA, FLORIDA 34236**

Date

Daytime Phone #

3/27/06 941-953-4488