

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030589

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: SAROT LLC

**Current Principal Place of Business:**

20301 NE 30 AVE  
APT. 108  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20301 NE 30 AVE  
APT. 108  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 75-3133521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHIMONI, RACHEL  
20301 NE 30 AVE  
APT. 108  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

SHIMONI, DORON  
20301 NE 30 AVE  
APT. 108  
AVENTURA, FL 33180 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: DORON SHIMONI

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHIMONI, RACHEL  
Address: 20301 NE 30 AVE APT. 108  
City-St-Zip: AVENTURA, FL 33180 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHIMONI, DORON  
Address: 20301 NE 30 AVE APT. 108  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Change (X) Addition  
Name: SHIMONI, RACHEL  
Address: 20301 NE 30 AVE APT 108  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DORON SHIMONI

MGR

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date