


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000034153 1. Entity Name SARALAND, LLC	
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Principal Place of Business 1663 NE GEORGIA STREET, #200 PALM BAY, FL 32907	Mailing Address 1663 NE GEORGIA STREET, #200 PALM BAY, FL 32907
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DO NOT WRITE IN THIS SPACE



03302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2395946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOALLEM, DAVID 1663 NE GEORGIA STREET, #200 PALM BAY, FL 32907
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

110000083349
04/22/08-80009-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOALLEM, M. DAVID 1663 NE GEORGIA STREET, #200 PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOALLEM, JOAN 1663 GEORGIA ST NE 200 PALM BAY, FL 32907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: W.D. Moalem **4-3-08** **321-724-2424**

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