

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043808

**FILED**  
**Mar 03, 2008**  
**Secretary of State**

**Entity Name:** RALPH SALGADO ASSOCIATES, L.C.

**Current Principal Place of Business:**

13710 ALLYN DRIVE  
HUDSON, FL 346671506

**New Principal Place of Business:**

13710 ALLYN DRIVE  
SUITE 101  
HUDSON, FL 346671506

**Current Mailing Address:**

13710 ALLYN DRIVE  
HUDSON, FL 346671506

**New Mailing Address:**

13710 ALLYN DRIVE  
SUITE 101  
HUDSON, FL 346671506

**FEI Number:** 20-0789713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALGADO, RALPH  
13710 ALLYN DRIVE  
HUDSON, FL 346671506 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALGADO, RALPH  
Address: 13710 ALLYN DRIVE  
City-St-Zip: HUDSON, FL 346671506

Title: MGRM ( ) Delete  
Name: SALGADO, YVONNE A  
Address: 13710 ALLYN DRIVE  
City-St-Zip: HUDSON, FL 346671506

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** RALPH SALGADO

MGRM

03/03/2008

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