

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036814

Entity Name: SALTA, L.L.C.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5915 PONCE DE LEON BLVD., SUITE 60  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

2625 PONCE DE LEON BLVD.  
SUITE 245  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5915 PONCE DE LEON BLVD., SUITE 60  
CORAL GABLES, FL 33146

**New Mailing Address:**

2625 PONCE DE LEON BLVD.  
SUITE 245  
CORAL GABLES, FL 33134

FEI Number: 20-1650825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENDER, HARRY K  
C/O BENDER, BENDER & CHANDLER, P.A.  
5915 PONCE DE LEON BLVD., SUITE 60  
CORAL GABLES, FL 33146 US

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

BENDER, HARRY K  
C/O BENDER, BENDER & CHANDLER, P.A.  
2625 PONCE DE LEON BLVD., SUITE 245  
CORAL GABLES, FL 33146 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:

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROBERTS, THOMAS  
Address: 5386 NW 108 WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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: THOMAS ROBERTS

MGR

02/18/2010

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