

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L04000055315

1. Entity Name

SALTY INVESTMENTS LLC



Principal Place of Business

**5180 SW 21 CT
PLANTATION FL 33317**

Mailing Address

**5180 SW 21 CT
PLANTATION FL 33317**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-1411616

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAMIL MAIZ, CARLOS
5180 SW 21 CT
PLANTATION FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when changing)

DATE

2/28/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: **MGRM** ☐ Delete
NAME: **YAMIL MAIZ, CARLOS**
STREET ADDRESS: **5180 SW 21 CT**
CITY-ST-ZIP: **PLANTATION FL 33317**

TITLE: **0000000846709** ☐ Change ☐ Addition
NAME: **03/18/08-80038-017 138.75**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **MGRM** ☐ Delete
NAME: **MAIZ, ENRIQUE**
STREET ADDRESS: **779 E 38 STREET**
CITY-ST-ZIP: **HIALEAH FL 33013**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **MGRM** ☐ Delete
NAME: **MAIZ, LIGIA**
STREET ADDRESS: **779 E 38 STREET**
CITY-ST-ZIP: **HIALEAH FL 33013**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Page #

2/27/08 (954) 298-7736