## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000066561

Entity Name: SHALOM TESORO, LLC

1860 N PINE ISLAND RD STE 113

PLANTATION, FL 33322

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1860 N PINE ISLAND RD **STE 113** PLANTATION, FL 33322 **New Mailing Address: Current Mailing Address:** 1860 N PINE ISLAND RD **STE 113** PLANTATION, FL 33322 US FEI Number: 20-1609338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARRON, LISA 1860 N PINE ISLAND RD STE 113 PLANTATION, FL 33322 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: ( ) Delete Title: () Change () Addition SHARRON, LISA E Name: Name: Address: 1860 N PINE ISLAND RD STE 113 Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: NACKASH, AVRANAM Name: Address: 1860 N PINE ISLAND RD STE 113 Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROTH, ROBERT A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LISA E SHARRON MGR 04/09/2009