

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068707

FILED
Feb 13, 2009
Secretary of State

Entity Name: MASALAMO LLC

Current Principal Place of Business:

1801 S.E. HILLMOOR DRIVE
STE C-207
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

356 E MIDWAY ROAD
FT PIERCE, FL 34982

Current Mailing Address:

1801 S.E. HILLMOOR DRIVE
STE C-207
PORT ST. LUCIE, FL 34952

New Mailing Address:

356 E MIDWAY ROAD
FT PIERCE, FL 34982

FEI Number: 20-1648624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALKARAN, SAVITRI
1801 S.E. HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

BALKARAN, SAVITRI
356 E MIDWAY ROAD
FT PIERCE, FL 34982 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:

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALKARAN, SAVITRI
Address: 1801 S.E. HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR () Delete
Name: RAMGOPAL, MOTI
Address: 1801 SE HILLMOOR DR, STE C 207
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGR () Delete
Name: RAMGOPAL, MAHENDA
Address: 1801 SE HILLMOOR DR, STE C 207
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGR () Delete
Name: RAMGOPAL, LALIENWAR
Address: 1801 SE HILLMOOR DR, STE C 207
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALKARAN, SAVITRI
Address: 356 E MIDWAY ROAD
City-St-Zip: FT PIERCE, FL 34982

Title: MGR (X) Change () Addition
Name: RAMGOPAL, MOTI
Address: 356 E MIDWAY ROAD
City-St-Zip: FT PIERCE, FL 34982

Title: MGR (X) Change () Addition
Name: RAMGOPAL, MAHENDA
Address: 356 E MIDWAY ROAD
City-St-Zip: FT PIERCE, FL 34982

Title: MGR (X) Change () Addition
Name: RAMGOPAL, LALIENWAR
Address: 356 E MIDWAY ROAD
City-St-Zip: FT PIERCE, FL 34982

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: MOTI RAMGOPAL

MGR

02/13/2009

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