

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 15, 2009  
Secretary of State**

DOCUMENT# L04000077350

Entity Name: SYLVIA L. SAMET, LLC

**Current Principal Place of Business:**

3584 FAIR OAKS LANE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

3584 FAIR OAKS LANE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

P O BOX 8050  
GREENSBORO, NC 27419

FEI Number: 45-3701167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SYLVIA, SAMET L  
3584 FAIR OAKS LANE  
LONGBOAT KEY, FL 34228 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: MGR ( ) Delete  
Name: NORMAN G., SAMET  
Address: 3584 FAIR OAKS LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES:**

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: NORMAN G SAMET

MGR

01/15/2009

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