

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000081395

Entity Name: SALO ENTERPRISES L.L.C.

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

4401 4TH ST. NORTH  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

5405 PARK ST. N  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

4401 4TH ST. NORTH  
ST. PETERSBURG, FL 33703

FEI Number: 20-2026221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVERO, MARIA T  
4206 S. LYNWOOD DR.  
TAMPA, FL 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: MGRM ( ) Delete  
Name: OLIVERO, MARIA T  
Address: 5405 PARK ST. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OLIVERO, MARIA T  
Address: 4401 4TH ST NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA OLIVERO

MGRM

01/16/2006

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