

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90120 048 ***138.75

DOCUMENT # L05000009303

1. Entity Name
SALLOUM INVESTMENTS, LLC.



Principal Place of Business
**1411 ALPHA COURT
LAKE CLARKE SHORE, FL 33406**

Mailing Address
**1411 ALPHA COURT
LAKE CLARKE SHORE, FL 33406**

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2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2254664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALLOUM, ADIB E
1411 ALPHA COURT
LAKE CLARKE SHORE, FL 33406**

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
SALLOUM, ADIB E
1411 ALPHA COURT
LAKE CLARKE SHORE, FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

**MGRM
SALLOUM, MARIE
1411 ALPHA COURT
LAKE CLARKE SHORE, FL 33406**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Adib Salloom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN-17-2008

Date

561-659-7322

Daytime Phone #