

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90060 026 ****50.00

DOCUMENT # L05000058671

1. Entity Name
SAL ENTERPRISES, LLC



Principal Place of Business
**1946 SOUTHCREEK BOULEVARD
PORT ORANGE, FL 32128**

Mailing Address
**1946 SOUTHCREEK BOULEVARD
PORT ORANGE, FL 32128**



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3017273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1413 TROVILLION AVENUE
WINTER PARK, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAMPER, TONY C
1946 SOUTHCREEK BLVD
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAMPER, TERI E
1946 SOUTHCREEK BLVD
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Teri E. Stamper
Teri E. Stamper

1-8-07

386-304-4347

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

Date

Daytime Phone #