2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095826

1. Entity Name
SALAMANCA VILLAGE, LLC

Principal Place of Business
4031 N CYPRESS DR
POMPANO BEACH, FL 33069

Mailing Address
4031 N CYPRESS DR
POMPANO BEACH, FL 33069

03122007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
11-3760776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
2499 GLADES RD SUITE 210
BOCA RATON, FL 33431

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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

U00000666652
03/23/07-80074-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MBR
NAME	GASPARINI, GRAZIANO A
STREET ADDRESS	4031 N CYPRESS DR
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MBR
NAME	GASPARINI, LUISA M
STREET ADDRESS	4031 N CYPRESS DR
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Luisa Gasparini March 14, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #