

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112886

Entity Name: SALADS, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

5100 WEST COPANS ROAD
SUITE 410
MARGATE, FL 33063 US

Current Mailing Address:

5100 WEST COPANS ROAD
SUITE 410
MARGATE, FL 33063 US

New Principal Place of Business:

5100 WEST COPANS ROAD
SUITE 300
MARGATE, FL 33063 US

New Mailing Address:

5100 WEST COPANS ROAD
SUITE 300
MARGATE, FL 33063 US

FEI Number: 57-1226758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JEFF
5100 WEST COPANS ROAD
SUITE 410
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

LEVINE, JEFF
5100 WEST COPANS ROAD
SUITE 300
MARGATE, FL 33063 US

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: JEFF LEVINE

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVINE, JEFF
Address: 5100 WEST COPANS ROAD, SUITE 410
City-St-Zip: MARGATE, FL 33063 US

Title: MGR () Delete
Name: SPUCK, ROBERT A
Address: 10542 NW 68 COURT
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVINE, JEFF
Address: 5100 WEST COPANS ROAD, SUITE 300
City-St-Zip: MARGATE, FL 33063 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFF LEVINE

MGRM

04/05/2007

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