


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000121836</b> 1. Entity Name <b>SALENA, LLC</b>	
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Principal Place of Business <b>6654 WINDJAMMER PLACE LAKEWOOD RANCH, FL 34202</b>	Mailing Address <b>6654 WINDJAMMER PLACE LAKEWOOD RANCH, FL 34202</b>
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

8. Name and Address of Current Registered Agent

PIANO, SANDRA J  
6654 WINDJAMMER PLACE  
LAKEWOOD RANCH, FL 34202

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000956300  
07/25/08-80002-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	PIANO, SANDRA J
STREET ADDRESS	6654 WINDJAMMER PLACE
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Sandra Piano SANDRA PIANO    7/20/08    941-993-8229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #