## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000009440

Entity Name: SALADS 4 U 2 LLC

City-St-Zip:

MIRAMAR, FL 33029

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19220 SW 39TH COURT MIRAMAR, FL 33029 **Current Mailing Address: New Mailing Address:** 19220 SW 39TH COURT MIRAMAR, FL 33029 FEI Number: 20-4465144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEMANI, FARID 19220 SW 39TH COURT MIRAMAR, FL 33029 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HEMANI, FARID Name: Name: Address: 19220 SW 39TH COURT Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: DHANJI, AMIRALI Name: DHANJI, AMIRALI Address: 6365 COLLINS #2004 Address: 1437 LONGMEADOW WAY City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: WINDERMERE, FL 34786 Title: MGRM () Delete Title: () Change () Addition SAWANI, HYDER Name: Name: 3900 SW 186TH WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: FARID HEMANI MGRM 05/02/2007